MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should funer 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Regidence before admission) COUNTY b. COPINY BN and 2 £ MIRRYLAND CITY OR TOWN (if oulside corporate limits LENGTH OF STAY IN 16 CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) vrita RURAL and give nearest sown) 2 Pages NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give strangeddress) d. STREET ADDRESS completely paper n 72 l 3. NAME OF Middle DATE Day 4. DECEASED OF (Typa or print) DEATH and con carbon nt, withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE In years | IF UNDER 1 YEAR B. DATE OF BIRTH last birthday) Months WIDOWED 4 DIVORCED any even physician 10a. USUAL OCCUPATION (Givenkind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dong during most of working life, even if retired) please .5 puipu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pue hen affe loval, 15 MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN 17. (Yes, no, or unkown) | (Ifyasgivawarordatesofservice) lan. 18. CAUSE OF DEATH [Enter only one cause partine for (e), (b), end (c) þ INTERVAL BETWEEN per ㅎ ONSET AND DEATH physic peudi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) emarion, urial-transit DUE TO ending Conditions, if env. which b gave rise to immediate causa DUE TO ھ (a), stating the undarlying the causa last, certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[16] 179. WAS AUTOPSY SE 0 CERTIFICATION 950 prior 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) Health OR CONTRIBUTING | CAUSE OF DEATH After th (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDIN 20c. TIME OF INJURY 20e. PLACE OF INJURY (Homa, farm, Month, Day, Year 20d, INJURY OCCURRED | 20f. (City or town) (County) ō factory, streat, office bldg., etc.) Whila Not While Hour a.m. TOR: Dept. at work at work p.m. 1. (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from L.C. DIRECT S should D State Dand that death occurred a A.M. from the causes and on the date stated above. saw the deceased alive on...... 22a. SIGNATURE ATTENDING death. Page 4 page with t DIRECTOR PHYS. PHYS. HOSPITA 22c. PHYSICIAN 22d. **ADDRESS** NAME (Typ filed v 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, | 23b. DATE THEREOF MOZATION (City, lown or 0.58 0 REMOVAL (Spacify)

ADDA

REC'D BY REGISTRAR

25b.

SIGNATURE

FUNERAL DIRECTOR'S

. IS RESIDENCE ON A FARM?

YES NO 4

Year

19

IF UNDER 24 HRS.

PERFORMED?

NO

(State)

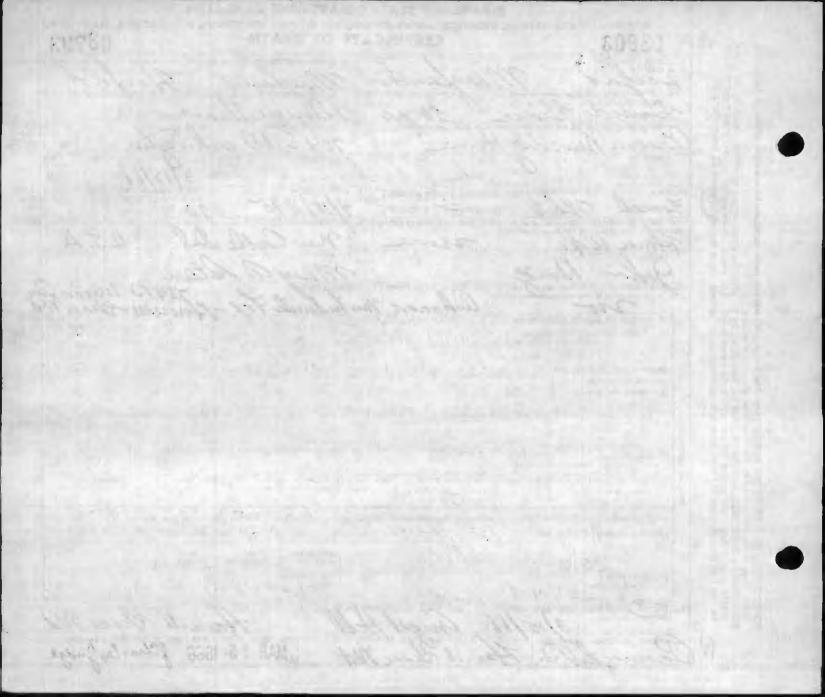
22b. DATE

(Stata)

SIGNED

Min.

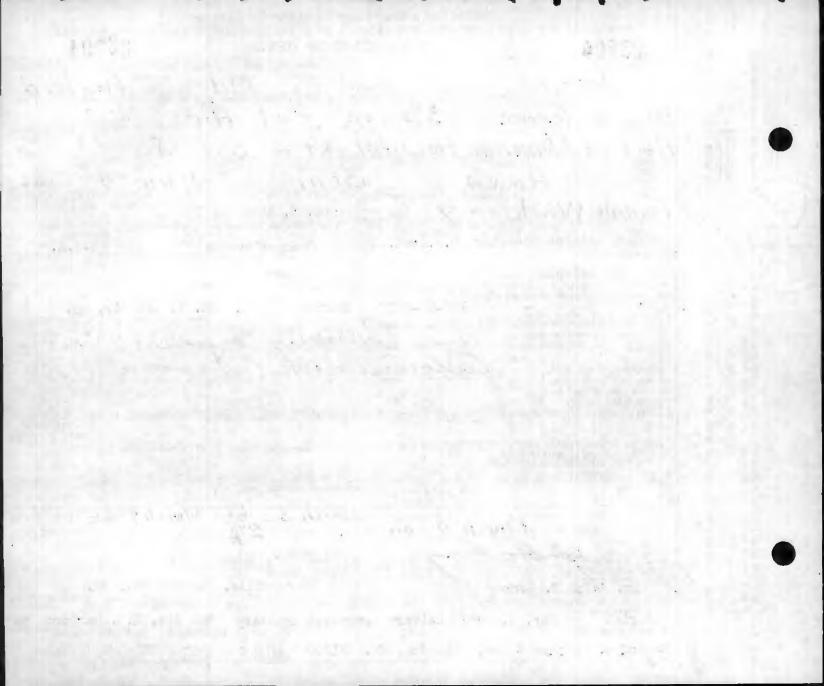
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A15 (4) W 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH () 3794

					1	J O D O T	
I		PLACE DF DEATH a. COUNTY,		2. USUAL RESIDENC a, STATE	E (Where deceased lived, If instit	utlon: Residence before admission)	
1		Hartord	MARYLAND		Md	HARTORD	
	11	write RURAL and give nearest town)	H OF STAY IN 16	c. CITY OF TOWN (IF	outside corporate limits, write	RURAL and give nearest town)	
	11/	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	2 days	d. STREET ADDRESS	HIL	12 - / l e. Is residence	
	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a Lal	01 0	Ray 180	ON A FARM?	
0	3.	NAME OF A First	Middle /	Last	4. DATE / Month	YES NO.K	
1		DECEASED (Type or print)	13	em	DE BEATH MArch	7 1966	
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED	8. DATE OF BIRTH	last hirthday)	UNDER 1 YEAR IF UNDER 24 HRS. on ths Days Hours Min.	
1	100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BU	DIVORCED	Feb. 8, 189	1 /5 yrs.		
	durli	ng most of working life, even if retired) . INDUSTRY			unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
		eweing Machine Operator U.S.Go	DV C.	Czechosle		U.S.A.	
	201	Jan Zelenka		Unknown	EN MANUE		
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SE	CURITY NO. 17.	INFORMANT	Address		
	(Yes	s, no, or unknown) (If yes give war or dates of service) 220-20-	7127 0	harles W/ Be	m, Rt. 2, Bel	Air, Md.	
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a).	(b), and (c).)	2	00.	INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: Cecule Including Consoling 16 lie					
		4021 DUE TO DUE	· - c - 6	2 7.6 /	21X ligon	. A41	
		Conditions, if any, which gave rise to immediate	1 70	ecty (10 Cherec		
		cause (a), stating the DUE TO				0	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT REL	ATED TO THE TERMINAL D	IS EASE CONDITION GIVEN IN PA	RT1(a) 19. WAS AUTOPSY	
)	FICAT					PERFORMED? YES NO NO	
		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCC	URRED. (Enter nature of	Injury In Part I or Part II of I	tem 18-)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC.	facts	ACE OF INJURY (Home, fa ory, street, office bldg., et	rm, 20f. (City or town)	(County) (State)	
	MED	p.m. 19 at work at w	ratific re				
		21. I certify that (1) (this hospital) attended the de	ceased from	1Arch 3 , 19	66 to March 7	, 1966, that (1) (we) last	
	-	saw the deceased alive on 1916h 7 19	00, and tha	t death occurred at		nd on the date stated above.	
		I Teeffuth he	M,		MED. STAFF PHYS.	LZD. DATE STUNEO	
/		PHYSICIAN'S NAME (Type)		22d. ADDRESS	Tower of Co	163	
	1.	Dr. Ralph J. Horkey			lle, Harford Co		
	23a.	REMOVAL (Specify)		Y OR CREMATORY	23d. LOCATION (City, town		
	24.		DRESS METH	odist Cemete		.D. Harford Md	
	Н	oward K. McComas & Son, Abingdo	on, Md.		9 1956 197	anley Judge	
	_						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY c. CITY OR TOWN (If autside carporate limits, write PURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Manth Doy Year 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours 12, CITIZEN OF WHAT COUNTRY? Address INTERVAL SETWEEN RALDSC FEYOSIS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DISCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (County) (Stote)

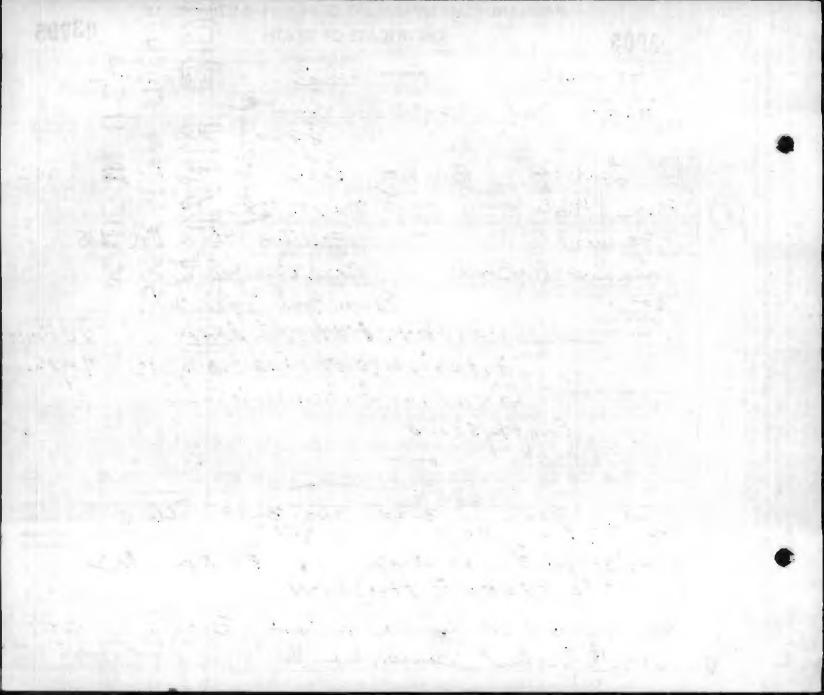
what I lost saw the deceased M, from the causes and an the date stated abave.

ADDRESS (Street, city or town, slate) DATE SIGNED

(State)

24b. REGISTRAR'S SIGNATURE

15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE funeral and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pag Ξ, GRACE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET AOORESS within ess we completely ve carbon p NAME OF 3. DATE Middle Last remove carbo DECEASED (Type or print) hals DEATH 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. NEVER MARRIED Aug. 1896 WIDOWED DIVORCED 69 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) E Medical Suppli physician please and Supplies Waterbury,/Conn. attending phys ermit. Then ple in, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the attenthe burial-transit permit, r to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) unknown 3-12-4707 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) 422 DUE TO Conditions, If any, which One (b) gave rise to immediate DUE TO certificate has been the control of the second to the second the s cause (a), stating the underlying cause last. NO ERTIFICAT 1abeles the hospital 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m.

URA e. IS RESIDENCE ON A FARM? NO M Year 0 19 AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days Hours 11. BIRTHPLACE (County & State, or foreign country)
New Haven Co. 12. CITIZEN OF WHAT IJS# Mrs. Grace, T. Bronson, Bel Air R.D. #2 INTERVAL BETWEEN ONSET_AND DEATH Cardos PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X YES OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL (County) (State) DIRECTOR: After that age 3 should be det While Not While at work retained by 21. I certify that (i) (this hospital) attended the deceased from Z that (i) (we) last saw the deceased alive on and that death occurred at. M. from the causes and on the date stated above. 22a. SIGNATURE 22b DATE SIGNED pe ATTENDING page M.D. PHYS. DIRECTOR PHYS. TO FUNERAL C director, pag should be file 22c. PHYSICIAN'S 22d. / ADDRESS NAME (Type) BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23c. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Buria Mar. BelAir Memorial Be] Gardens Harford Harford Co REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. 25a. Howard K. McComas & Son, Abingdon, Md. 21009

VR A15 (4) 20M 1/65

death.

after

Dours

within

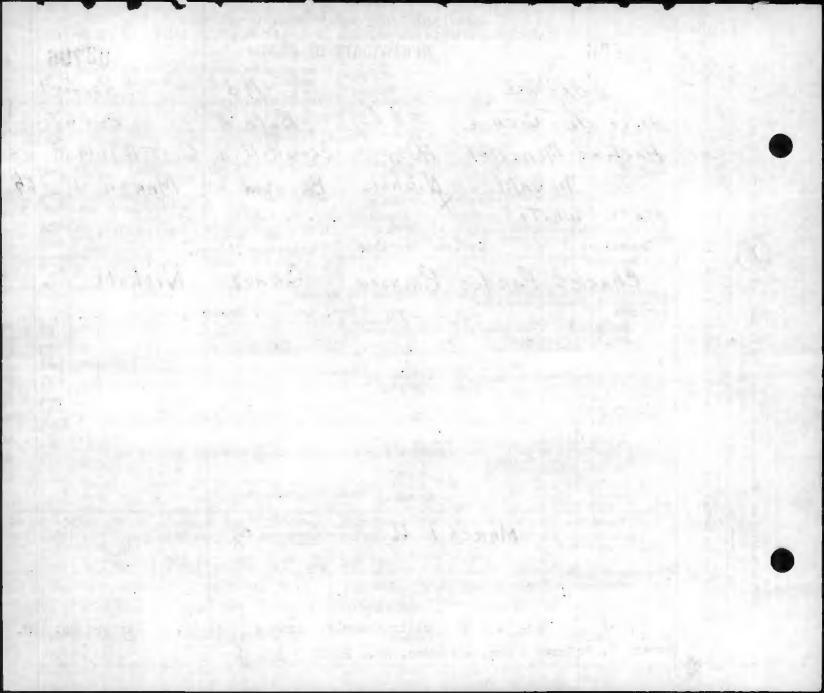
executed

death

law requires that the

PHYSICIAN

O HDSPITAL



FOR STATE HEALTH DEPT.

cessary, the funeral 5 may be 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. O DEPUTY MEE EXAMINER: This cartificate should be executed within 24 hours after callin. If any delay please execute the metificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. 66 TO FUNERAL DIRECTOR: Page of Health or its designated

VR ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03807 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. STATE
b. COUNTY

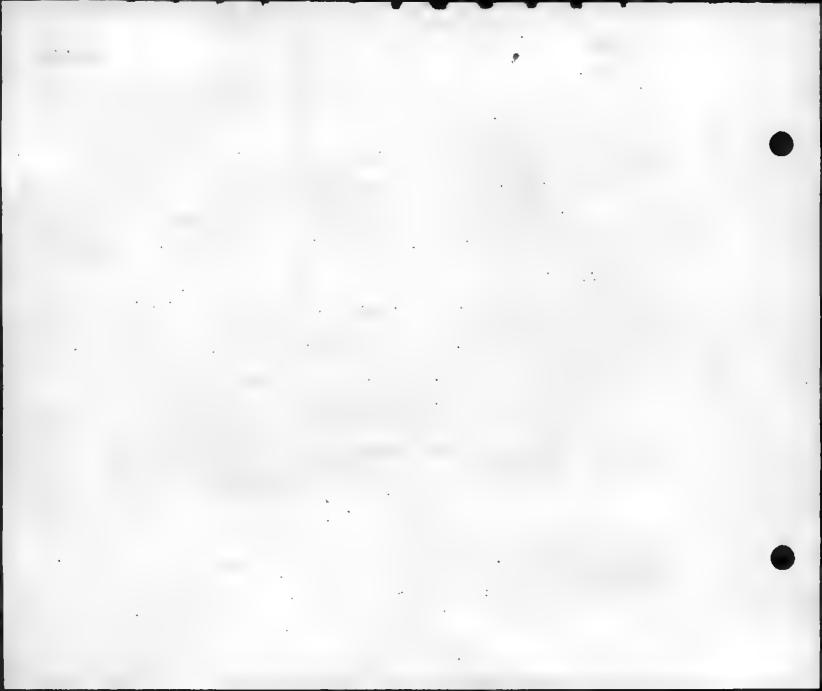
	CGCO MEDIONE EXAMINETO	DEIGH TOAT	m OI DEATH	110/9/
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE	CE (Where deceased lived, If institution b. COUNTY	n: Residence before admission)
	HARFORD MARYLAND	Maryland		rđ
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b		f outside corporate limits, write Rul	
	HAVRE DE GRACE	Aberdeen	1	12-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	HARFORD MEMORIAL HOSPITAL	23 Monro	e Street	YES NO
3.	RAME OF First Middle DECEASED (Type or print) (Type or print)	Last	4. DATE Month OF DEATH 2	Day Year
5.	WILDIE D.	BUFORD DATE OF BIRTH	10 AGE (In years LIEUN)	14 1966 DER 1 YEAR IF UNDER 24 HRS.
	7. MARKIED NEVER MARKIED	_	last birthday) Month	is Days Hours Min.
-	Male Colored WIDOWED DIVORCED		O 45 yrs.	
108 dui	LUSUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country) 12	COUNTRY?
X	aborer Lumber yard	alaba	ma	U.S.A.
13,	FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME	
	Evie Bujord	Wda	massey	
	. WAS DECEASED EVER IN U.S. ARMED ORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addess	
	Yes WWII 421-01-8378 MA	Florett	a Buford, abe	rdeen, md.
	16 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	120	7	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Asphyxia			ONSET AND DEATH
	9/60			
	A. 100 M 14 14 1			
	gave rise to immediate	poisoning		
	cause (a), stating the DUE TO			
-	underlying cause last. (c)		DISTANCE OF THE PROPERTY OF TH	(a) 110 Was ANTIDROV
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	IED TO THE TERMINAL L	DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
10.4	Acute alcoholic			YES Y NO
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF OCCUPANT OF DEATH.			18.)
AL C	20c. TIME OF INJURY Month, Day, Year 20d. THOUR OCCURRED 20e. PLAC	rning smoke	arm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While - Not While factor	y, street, office bldg., e	etc.)	
ME		ome		arford Md.
	21. I certify that I took charge of the remains described above, held	d an Autopsy X ,	Inspection, Inquiry	, and in my opinion
	death resulted from: Natural causes , Accident X, Suic	cide, Homici	47	er _
	(0) -00 5/1	CHIEF MEDICA	L EXAMINER (A)	
	SIGNATURE Chisell of she	_M.D. ASSISTANT ME	DICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S PLICOPIT OF PLOTTER AND PAGE	DEPUTY MEDIC	AL EXAMINER	3-14-66
	NAME (Type) RUSSELL S. FISHER, M.D.	Address (Stree	t, city, town, or county)	
23a	PEMOVAL (Specify)	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
1	Removal 3-18-66 alermount	Cametery	Thomasville,	Wla.
24	FUNERAL DIRECTOR ADDRESS 550 X	errio 1 -25a. RE	4 0 10 0 0 0 000	AR'S SIGNATURE
0	telia & Bullock Have de Gracy	and DAMAH	7 18 1966 Janas	eles judge

THE CONTRACT OF THE PROPERTY O and the second second second second second had a short to the the things to the state of the tent of the r= y-1 Value aller de la eller de All was and and a second of the second of th The second to the second A F - I TO THE TOTAL CONTRACT OF THE TOTAL C

	MARYLAND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON	N STREET, BALTIMORE 1, MARYLAND
93808	RESEARCH AND RECORDS, 301 W. PRESTOR CERTIFICATE OF DEATH	03798

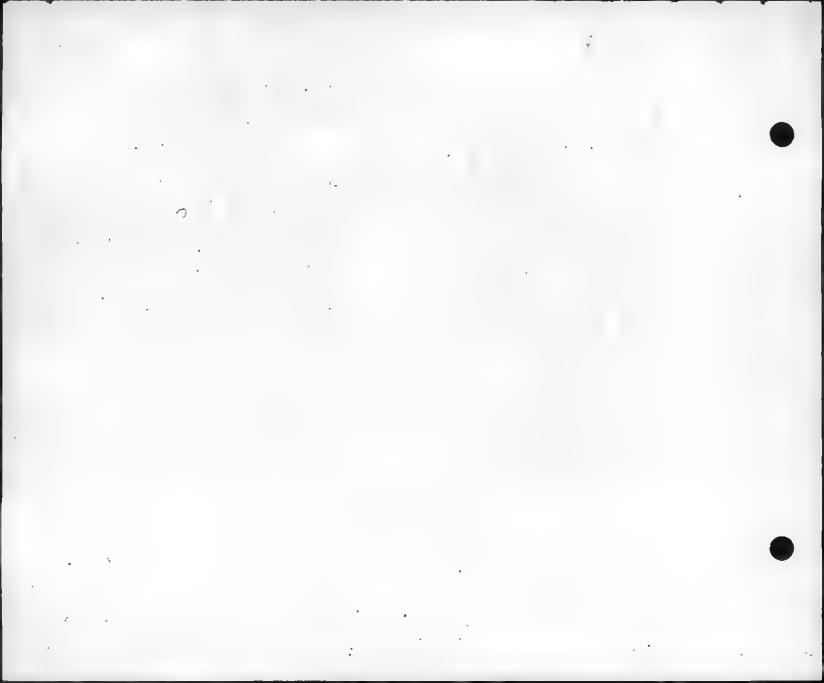
93805 CFRTIFICAT	S, 301 W. PRESION STREET, BALTIMORE T, M	ARYLAND
CERTIFICAT	E OF DEATH	3798
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
LIArtord MARYLAND	a. STATE b. COUNTY	ford
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY Of TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	Bel Air	, ,
d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)	d. STREET ADDRESS	B. IS RESIDENCE
HARford Memorial Hospital	916 HollAND KOAD	ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) FANK JANNES (B. COLOR OR RACE 7 MARPIER TO MARPIER TO	- IACK DEATH IV ACCh	1966
7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER I	Days Hours Min.
	CC+0627 3, 1707 56 yrs.	
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	CO	TIZEN OF WHAT
I SULTIONEL INCELLIN SIGNE CONDE		SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Timothy J. Clark, Jr.	CATHERPUE CONCANNON	
4 & FGA, DO, DE UDIKUWITE ELLE VES UTTE WAT OF DALPS OF SETTICE FE	INFORMANT (WILE) 838-60'72 Address	3.6
	rs. Gertrude I. CHARL BELAIS MA	HADL ZION
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Critical Control	utchial untarction	ONSET AND DEATH
1301 DUE TO	4-1-0	501
conditions, If any, which \ (b) (EV 2 RRy 1.	Licrom Coses	Jacqus.
gave rise to immediate cause (a), stating the DUE TO	_	2
underlying cause last. (c)	. D ,	· ·
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI		YES NO X
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)	, <u> </u>
202. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While factor at work at work at work	pry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from A	1Arch 7, 1966 to March 7, 196	6, that (I) (we) last
saw the deceased alive on March 7 1966, and tha	t death occurred at 3.53 M, from the causes and on th	e date stated above.
22a. SIGNATURE	I 22h DA	TE SJGNED/
Le Deadi (drong) MI	D. ATTENDING MED. STAFF DIRECTOR PHYS.	17/6ta
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	1
French French and Coloo, Mil) Attieve (RC grace,	rad.
238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'	Y OR CREMATORY 23d. LOCATION (CIty, town or cour	ity) (State)
"Burn (Specify) March 9, 1966 St I guatius	CEMETERY Hickory, HARFORD Co	MANIANA
24. FUNERAL DIRECTOR W. Broodway & William Store William S	252 REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
13El Air MAMIAN	21014 DATEMAR 9 1966 " 1000"	14 6
good william trata		V

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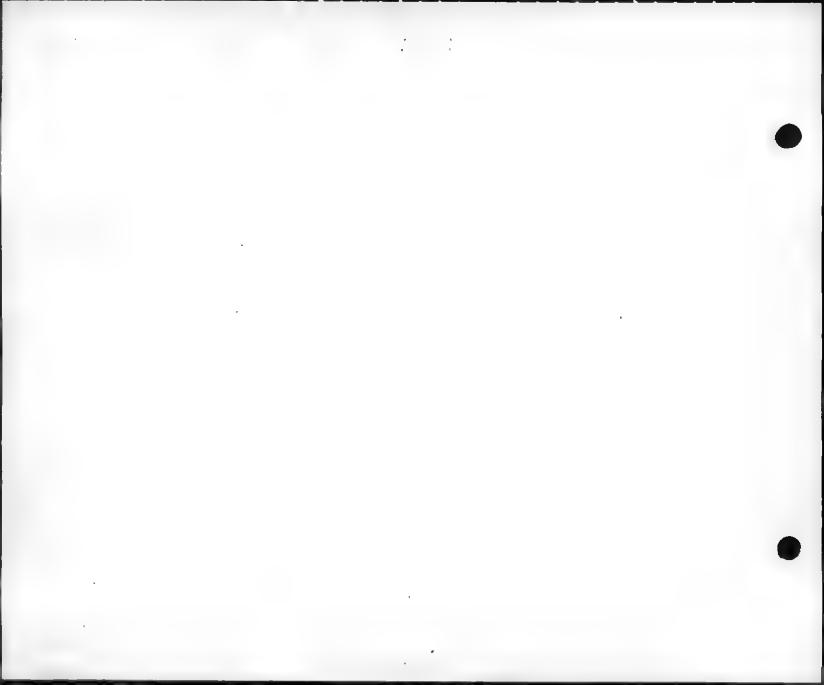


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral d∎ath. and deatl PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 ours after Marhian the MARYLAND CITY OR TOWN (If outside corporate limits, c. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b À ve carbon papers. Pagevent, within 72 hours write RURAL and give nearest town) -3-H OILS GORE O E RAPE .= C 943 0. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? DREWIT ND X OHIC completely i witilin 3. NAME OF Middle Last DATE Day Year Month DECEASED OF 1966 (Type or print) DEATH MArch 15000 executed DATE OF BIRTH/885 ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR RACE remove 9, NEVER MARRIED last birthday) | Months | Days Hours | апу and WIDOWED I DIVORCED [80 physician and please r .= 10b. KIND OF BUSINESS OR INDUSTRY 1Da. USUAL OCCUPATION (Cive kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) certificate be COUNTRY? ease HOMEMAKET U.S.A. 13. FATHER'S NAME removal, John J. Swift 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO, 1 17. INFORMANT Address VERMONT PLACE eath (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Roberta CAtron NO 212-05-070 BEL Atr. Maryland cremation 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN lam remuires that the n signed by burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO with me ketagis Cenditions, if any, which (b) been gave rise to immediate the or to DUE TO cause (a), stating the prior underlying cause last. has CQ CQ (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY use for use PERFORMED? certificate NO X YES PASICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of item 18.) ÷ r this certi OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEGICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) be de State DIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While ATTENNING p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death occurred at 2:23M. from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE 22b. DATE SIGNED age 4 1... FUNERAL DIN. ATTENDING X MED. STAFF DIRECTOR Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) S. UNIOD BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 10 March 18, 966 Zion MEthodist CEMETER Foundation Green, Harford C. Md. BURTA 25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE FUNERAL DIRECTOR Washers B. W charles 19 VR A15 (4) 20M 1/65

JOSEPH William Foster



Items 18& 1 Film G376 4MARYKAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 93810 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY **b** COUNTY Poge Harford Maryland Harford partment af MARY, AND delay deot b CIY OR TOWN (If autside carparate im ts. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate mus write RURA) and a ve negrest town) ond write RURAL and give negrest town) Bel Air Bel Air & NAME OF HOSPITAL OR ASSISTUTION (If not in hasp to, give street oddress) d STREET ADDRESS e IS RESIDENCE De hours alang with form ON A FARM? Box 118, RD #3 in Item 18. Give Pages ate YES NO F 24 hours after death NAME OF Middle Last 4 DATE Month ż DECEASED the KEITH RAYMOND COLDITRON 31 March 66 (Type or print) DEATH with t 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARR ED NEVER MARRIED ≥ last birthday) Days Months: October 19, 1964 Male White W DOWED DIVORCED Office event and 11 BIRTHPLACE (State or fareign country) 1Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR 12 CIT ZEN OF WHAT COLNTRYS during most of working life, even if retired) INDUSTRY How Ford Con Many 1 And gny Examiner's be executed within 13 FATHER'S NAME ≘ BEHY E. Fother Coldinon and MISS BEHJE, Coldinon BEI AT MAJENDEN SION IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO ef Medical remayal, (Yes, na, ar unknown) (fyes give war or dates of service Miss BEHYE, Coldinon pending NO 18 CAUSE OF DEATH (Enter only one cause per line for fo) (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute interstitial pneumonitis 5 E This certificate should the certificate, writing the ward crematian, DUE TO Conditions, if only, which gove use to immediate cause (a). farwarded to DUE TO stating the underlying cause 8 burial, o used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? CERTIFICATION YES X NO D 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notifie of injury in Part 1 or Port II of stem 18.) 3 should agent, priar should PRIMARY III or CONTRIBUTING III **EXAMINER:** CAUSE OF DEATH 20c TME OF NJURY Manth, Day, Year 2Dd INJURY OCCUPRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) Hour a.m. factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page While Nat While Page / at work of work its des gnoted 21. I certify that I taak charge of the remains described above, held an Autapsy (3), and in my apin an Inspection Inquiry the funeral director. death resulted from: Natural causes K Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 2 **SIGNATURE** Health ar i 3/31/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) Address (Street city town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) 500 REMOVAL (Specify) BEL ATT MEmorial GATTERS BELAIR Howford Co, Md, 21014 April 2, 1966 256/ CESTERARE GALALEL 24 FUNERAL DIRECTOR W. Brondway & williams 84 VR ATSME (5) JOSEPH William Foster BEI AT MAMPING 21014 DATE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death cartificale be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
			E OF DEATH	ARYLAND) ROALS
-	1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, It institution; Re	sidence before admission)
M		a. COUNTY HARFORD. MARYLAND	a. STATE M d b. COUNTY /	Ford
	L	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	44	TANKE-GE-GRACE 354945,		e. IS RESIDENCE
, ,	1	tar Ford Memorial Hospital	714 Phi LadeLphia hoad	ON A FARM? YES NO-
-	3.	NAME OF DECEASED (Type or print) FRANK JOSEPH	COPSEY DATE Month OF BEATH 3	Day Year
)	5.	SEX 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS
	100	WIDOWED DIVORCED	8-18-96 69 yrs.	Days Hours Min.
	gur	is USUAL OCCUPATION (Give kind of workdone 10b. Kind OF BUSINESS OR INDUSTRY INDUSTRY Jasoline Jasoline	14.0	TIZEN OF WHAT UNTRY? S ケ
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		JOHN WM COPSEY	Busie Thompson	
		Chimmed (If yes give war or dates of service) 216-18-9440 Ba	exbara Copsey (WiFe) same	45 aborc
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a)	oloma, acure	3 hours
		Cenditions, If any, which DUE TO ASCVO		٦
		gave rise to immediate cause (a), stating the DUE TO		
	N.	underlying cause last. (c)		IAD WAS AUTODOV
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL PURISHEN HIMOURING POST C. P.	rate cyp Fee Fory 12 days	19. WAS AUTOPSY PERFORMED? YES NO X
		208. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLJ Hour a.m. While Not While factor at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (Cour	ity) (State)
	-	21. I certify that (I) (this hospital) attemted the deceased from	2/4 , 1966 to 3/6/65 19	_, that (I) (we) last
		saw the deceased alive on 3/4/6 19 and tha	at death occurred at 733 M, from the cayses and on the	e date stated above.
1		M. Significant M.	ATTENDING TOT MED. STAFF	TE SIGNED
ş		22c. PHYSICIAN'S NAME TO POPE RICOLE / T	HAVRE De Grace, Mg	
	232	REMOVAL (Specify)		nty) (State)
7	24	Burial Mar. 9, 1966 Cokesbury Men	norial Cemetery Abingdon Harfo	
1/1			21009 DATE 0 1805	II -
1.	71	oward K. McComas & Son Abingdon, Md. 2	CTOOZ I DATE	11 11

VR AI5 (4) 20M 1/65



rage 4 may be retained by the hospital or attenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOSTITE OR NITENDENCE PHYSICIAN: The lam requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

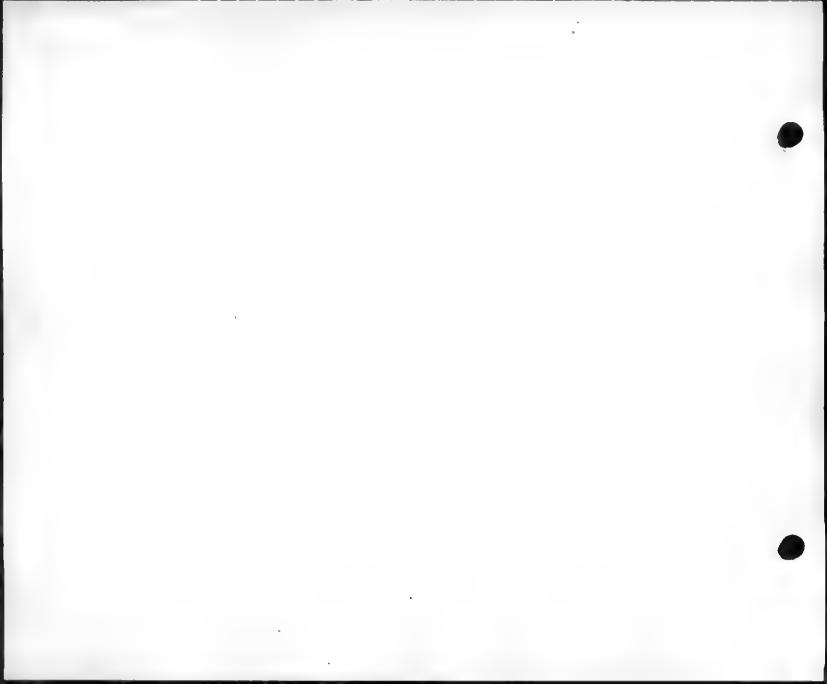
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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
กจถ12	CERTIFICATE OF DEATH	0320

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		CE OF DEATH OUNTY	41 -	E	.0	1	2. USUA		E (Where de		Institution: Re	esidence before admission)
	. h C	ITY OR TOWN	(if outside corp.	LORC	7	MARYLAND		//	19		114	RIOROL
	7/2×	vrite RURAL 8	nø give nparest	town)	100	OF STAY IN 1b	c. CIII U	K TOWN OF C	JUESIGE CO	rporate limits,	Write RURAL	end give nearest town)
ı	/ G . N	IAME OF HOSP	17AL OR INSTITU	TION (if not I	n hospital, give		d. STREET	ADDRESS	45	-6		0. IS RESIDENCE
	Hon	FORD	Memo	RIAL	Hosx	1/0/	RTH	280	X 15	· hus	LORK	ON A FARM?
ĺ		E OF	1)	First		ddje	Las	1	4. DATE	Mo	nth	Day Year
	(Тур	e or print)	Geor	RAC	Thi	LIP L	-05	e R	OF DEAT	Para	3	4 1966
ĺ	5 SEX	10 1	6. COLOR OR RAI	Y	IED NEVER	= 10				AGE (In year last birthday	Months	Days Hours Min.
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I			C056	PR, C	TEOR	90		Phi	ILIF	25,6	5/6/	LLe
I	15. WAS	DECEASED EV	ER INU.S. ARMEI If yes give war or dat	FORCES?	16. SOCIAL SEC	ORITY NO. 17.	INFORMANT	r		Add	ress	.
ı		No		1	h2-54	-5784 M	YRTL	ER	<u>, Co</u>	SER!	STREE	
ı	18.		ATH LEnter only TH WAS CAUSED		ar line for (a), (t), and (c).]	2- 1	0	0.1	10		INTERVAL BETWEEN ONSET AND DEATH
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١	Con	ditions, If an		(b).	4.5.	181	0					4 years
		a rise to in se (a), stat		UE TO	1							
	und	erlying cause	last.	(c)						-		
	CERTIFICATION SOS (IL)	Litt	- 111	1	HBUTING TO DEA	TH BUTNOT RELAT	ED TO THE	TERMINAL DI	SEASE CON	IDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY REFERENCED?
\	208	ACCIDENT W	AS UNDERLYING	7220 1 20h		W INJURY OCCUP	Levue	blivel	in lucy in P	ert I or Bart II	of Item 181	YES NO
	OR (IF	CONTRIBUTING	AS UNDERLYING G CAUSE OF E FY-MEDICAL EXA	EATH MINER)	· DEGONIDE IN		(KEO: (L))C		111/417 1111	art i oi i ait ii	01 116/9 20.	
		TIME OF IN	JURY Month, Da		d. INJURY OCCU	RRED 20e. PLAC	E OF INJUR	RY (Home, far	m, 20f.	(City or town)	(Cou	nty) (State)
	MEDICAL 20c.	Hour a.m.			vork Not Wh	ne — i	y, street, of	त्तरङ bidg., etc	C.)			
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1			ased alive_on_	374	19	ab, and that	death occ	urred at #	M, fr	om the cause		ne date stated above.
	223.	. SIGNATURE	their	d	A17	Dru (M.D.	ATTENDI PHYS.	ING 🕍 M	ED.	STAFF	220 04	ATE SIGNES
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	23a. Bt	RIAL, CREMA MOVAL (Spec	TON, 23b. DAT	E THEREOF		E OF CEMETERY	OR CREMA	TORY	23d. L	OCATION (City,	town or cou	nty) (State)
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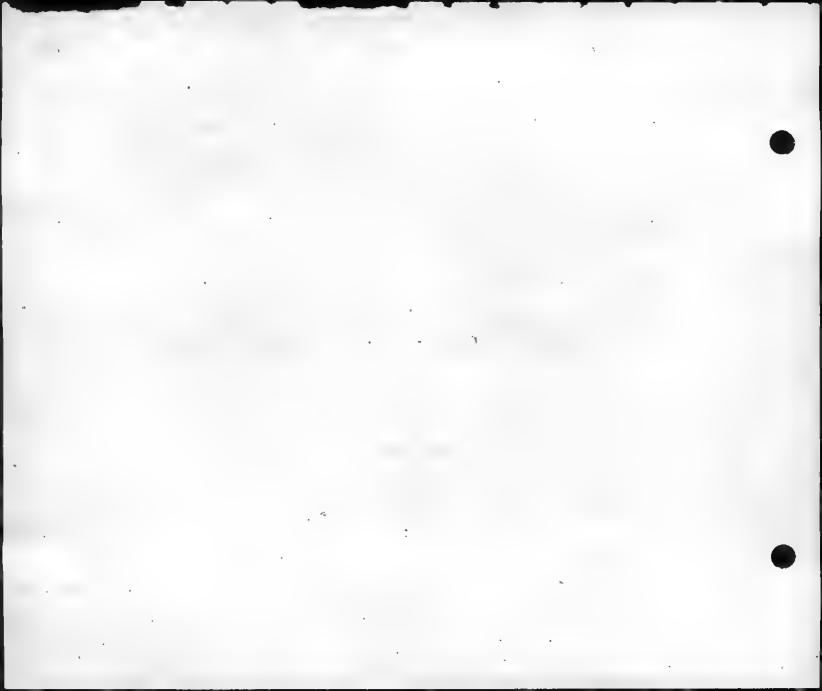


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) c. COUNTY o. STATE b. COUNTY Poge Harford Maryland ō deoth Harford MARYLAND deloy partment b CITY OR TOWN (If outside carporate imits, write RURAL and give nearest town) c LENGTH OF STAY N 1b c CITY OR TOWN (If autside corporate mits, write RURAL and a ve nearest town) puo after (Havre de Grace Havre de Grace d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? De hours with form 18. Give Pages 1 olong with forr 127 Stokes Street 127 Stokes Street ate YES | NO A 24 hours after deoth 3 NAME OF Middle 72 First Lost 4 DATE Month 芯 Dov Year DECEASED the OF ELEANOR CRESMER MARGARET March 10 66 (Type or print) DEATH ong S. SEX 6 COLOR OR RACE 7 MARR.ED NEVER MARRIED B DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs Hours Female White WIDOWED DIVORCED Item 1 Office . eve 10a JSUAL QCCUPAT ON (Give kind of work done RIRVAPLACE (State or fore gn country) OF BUS NESS OR 12 CITIZEN OF WHAT 9 work worlde even fretired) dny pending" in penal in ef Medicol Examiner's be exercited within 13 EATHER'S NAME = pub WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCA, SECURITY NO INFORMANT permit. (Yes, no, or unknown) If If yes give wor or dates of service) or removal, lentenous CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) INTERVAL BETWEEN burrol-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH MMEDIATE (AUSE (a) Massive Subarachnoid Hemorrhage word This certificate should cremation, DUE TO Conditions, if ony, which gove (b) Rupture of Aneurysm of Right Middle Cerebral Artery. rise to immediate couse (a), 0 DUE TO 0 stoting the underlying couse forwarded GS 0 lost. buriol, used PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS CERTIFICATION PERFORMED? YES X NO 9 prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN. JRY OCCURRED (Enter nature of injury in Port I or Port I of item, 8) 3 should PRIMARY Or CONTRIBUTING should EXEMINE: CAUSE OF DEATH MEDICAL ogent, 20r TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (Cify or fown) (County) (State) Haur om Not While foctory, street, office bldg . etc.) FUNERAL DIRECTOR: Poge While of work ot work designoted 21. I certify that I took charge of the remains described above, held on Autopsy (x) Inspection Inquiry ond in my opinion he funeral director. deoth resulted from: Noturol couses | x| Accident Suicide Homicide Undetermined monner moy be retoined pleose CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health or its ASS STANT MEDICAL EXAMINER 🔀 SIGNATURE 3/22/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION 23d LOCATION (Gry or Town) (Stote) 0 REMOVAL (Specify) 24 FILLERA, DIRECTOR 250 RECD BY REGISTRAR REGISTRAR S S GNATURI 2Sb VR A15ME (5) 6M 1/66



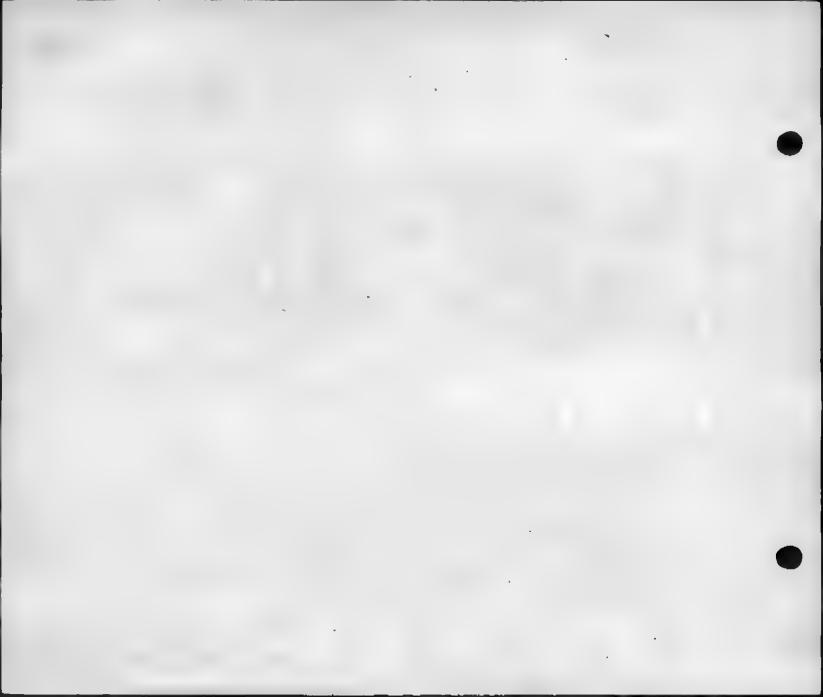
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. GDUNTY b. COUNTY a. STATE the OR MARY! AND by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) within 72 hours .5 TVA 0 C filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) on A FARM? NO P NAME OF within e completely ve carbon Middle Last OATE Month Oav Year DECEASEO event, 1 (Type or print) **OFATH** 19 6 executed any eve SEX 6. COLDR DR RACE OATE OF BIRTH IF UNDER 1 YEAR IIF UNDER 24 HRS. NEVER MARRIEO 9. AGE (In years 7. MARRIEO last birthday) Months | Days Hours Min. and WIDDWEO DIVDRCEO 30 15a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT death certificate be during most of working life, even if retired) CDUNTRY? ORD physical ple FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа c attending permit. Then RUIN HIPLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unknown) | (If yes pive war or dates of service) the CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] signed by th purial-transit INTERVAL BETWEEN The law requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. burial-tr burial, o DUF TO Conditions, If any, which (b) been rise to immediate as the L DUE TD (a), stating the underlying cause last. has (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. for use Health certificate NO IT YES hospital ATTENDING PHYSICIAN: this cerum detached for 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) be detached State Dept. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, (County) 20f. (City or town) (State) factory, street, office bldg., etc.) RECTOR: After t 3 should be de I with the State Hour a.m. While Not While at work þ p.m. at work be retained 1966 21. I certify that (I) (this hospital) attended the deceased from. to 3 - // 66. that (1) (we) last DIRECTOR: _19 66, and that death occurred at 2'3 M from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. OATE SIGNED ATTENDING TO HOSPITAL OR director, page should be filed M.D. DIRECTOR PHYS. тау TO FUNERAL I PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) 15 Page 4 BURIAL, CREMATION, 23b. OATE THERED 23c. NAME OF CEMETERY OR CREMATORY LDCATIDN (City, town or county) (State) BURIAL (Specify) NGE FUNERAL DIRECTOR 24. ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 VR AI5 (4) 1/65 20 M

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before edmission) COUNTY b. COUNTY within 24 hours 혼건 MARYLAND by th deat CITY ON TOWN (1 pulside corporata limits, LENGTH OF STAY IN 16 A fit putside corporate limits, write RURAL and give nearest town) ta RURAL and give pearest town) filled in Pages 1 Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street/address) STREET ADDRESS .. IS RESIDENCE hours ON A FARM? YES | NO Z completely papers. DATE 3. NAME OF Middle Month Dev Year 72 DECEASED OF DEATH (Type or print) 19 within carbon 5. SEX 6. COLOR OR RACE AGE (In Years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH MARRIED ZINEYER MARRIED last birthdey) Months Hours WIDOWED DIVORCED death certificate toe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY! Kelmi 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME attending 를 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. I 17. INFORMANT removal, (Yes, no, or unkown) | (Myasgivewerordetesofservice) permit. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN é ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ö IMMEDIATE CAUSE (a) cremation. **burial-transit** 100 DUE TO Conditions, if eny, which gave rise to immadiate couse **DUE TO** (e), stating the underlying the bur burial, couse lest. PHYSICIAN: certificate PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 2 3 PERFORMED? NO 950 prior 20b. DESCRIBE HOW INJURY OCCURRED (Enter neture of injury in Part I or Part II of Item 18) 20s. ACCIDENT WAS UNDERLYING [į OR CONTRIBUTING | CAUSE OF DEATH After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, ; Month, Day, Year 20f. (City or lown) (County) (State) fectory, street, office bidg., etc.) be retained Hour e.m. While Not While may be retaine DIRECTOR: 3 3 should be def at work at work p.m. 19 Dept. 1966 21. I certify that (I) (this hospital) attended the deceased from. 244M, from the causes and on the date stated above. State ...1965a., and that death occurred av 22a. SIGNATURE DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. death. Page 4 M.D. TO HOSPITAL with th ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) director, r 23a. BURIAL CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REC'D BY REGISTRAR 25Ь. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH



_		ATE OF DEA	TH	03806
	PLACE OF BEATH a. CDUNTY Harford MARYLAN	a. STATE	Maryland b. co	Harford V
AŁ	b. CITY DR TOWN (If outside corporate limits, with RURAL and give nearest town) N/A	7dgewood	d Arsenal	write RURAL end give nearest town)
K	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddrink Army Hospital		4th Msl Bn, 1st	e. IS RESIDENCE DN A FARM? YES NO 1
	NAME DF First Middle DECEASED (Type or print) ELTON L.	Lest FOYE	4. DATE Mor DF DEATH Mar	
	SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVDRCED	0 37 301	last birthday	s IF UNDER 1 YEAR IF UNDER 24 HRS
durl	USUAL DCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS DR INDUSTRY US Army		E (County & State, or foreign count	try) 12. CITIZEN OF WHAT COUNTRY? USA
	Ralph Foye	Annie	MAIDÉN NAME Ruth Atkinson	
15, (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 16. SOCIAL SEC	Service and	Addi d Health Records	
	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Gunshot Wound of IMMEDIATE CAUSE (a) DUE TD Conditions, If eny, which gave rise to immediate cause (a), stating the DUE TD	f Chest		INTERVAL BETWEEN ONSET AND DEATH 30 11105
ERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT Gunshot - Undetermined 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY			YES NO NO
CAL	T T T T T T T T T T T T T T T T T T T	actory, street, office blo uand House 27 Ear	E 34700d, 1	Harford, 111.
23a.	220 PHYSICIAN'S NAME (Type) ROBT OF P. OTET TOTAL, Cant, M.	27.02	MED. STAFF DIRECTOR PHYS. IX SS H, Abordeen PG, 23d. LDCATION (City,	28 March 1946
24.	Removal Mar. 30, 10 6 ADDRESS	/ 25a.	Smithfield REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.



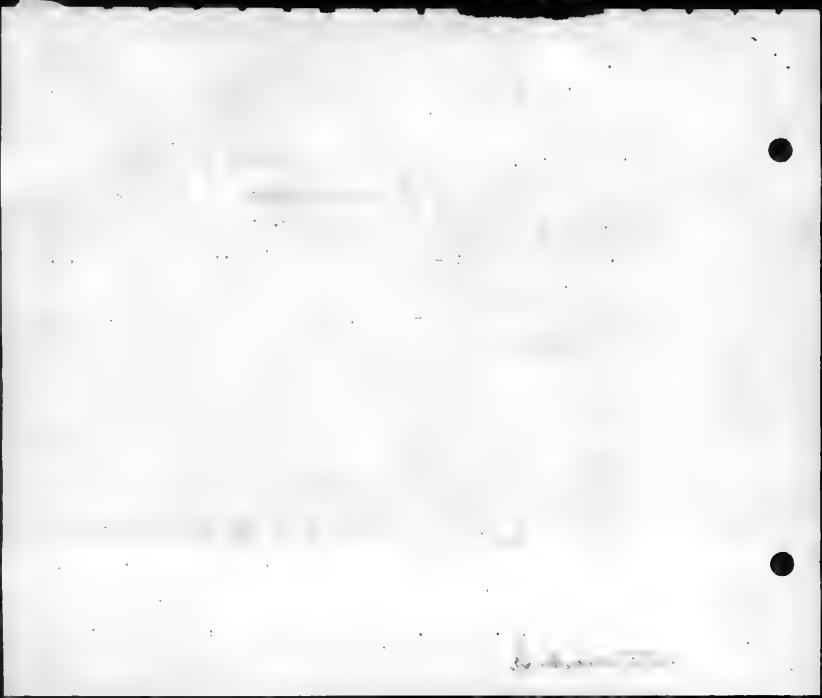
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

I_	00010	CERTIFICAT	E OF DEATH	03807
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission
	- Co	200 A MADVIAND	a. STATE b. COUNTY	artoid
-	b. CITY OR TOWN (if or	utside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA)	
1.	write RURAL and gi	ve pearest town)		
1	d. NAME OF HOSPITAL	OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
4	1	on individual to the transfer address)	Dusty 1	ON A FARM?
II.	HAI TILD	HIGHORIA TOSP.	IKDI DOX 30 (FIGURE)	KA YES NO X
3.	NAME OF DECEASED	First Middle	Last 4. DATE Month	Day Year
_	(Type or print)	Charles Washingto	ON LINAGE BEATH VIA POLE	25 19 6k
5.	SEX 6. CO	LDR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If UNDER last birthday) Months	
1	MAIE. N	CAC WIDOWED OIVORCED	29 Mar. 1880 85 yrs. Months	Oays Hours Min.
10	a. USUAL DCCUPATION (GI ring most of working life	ve kind of work done 10b. KIND DF BUSINESS DR , even If retired) Bally Stry Snop	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
00			I Hometond Co Nome-I d	OUNTRY?
13	. FATHER'S NAME	todian Auto-Garage	14. MOTHER'S MAIDEN NAME	JaDana
	John Wes	sley Grinage	Mary Elizabeth Lewis	g
1	. WAS DECEASED EVER IN			3
(Y	es, no, or unkown) (If yes;	give war or dates of service)	abel	- 0 -03
-			Att. Lee Grinage, same as	
	PART I. DEATH W.	Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	IMMI	EDIATE CAUSE (a)		
	11	DUE TO	**	
ı	Conditions, If any, w gave rise to immed		(1,5	
	cause (a), stating			
_	underlying cause last.	(c)		
CERTIFICATION	PART II. DTHER SIGNIFI	CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA				YES NO
E	2Da. ACCIDENT WAS U	NDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18	.)
CE	(IF EITHER, NOTIFY MI	EDICAL EXAMINER)		
CAL	20c. TIME DE INJURY	Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Col	unty) (State)
MEDICAL	Hour a.m.	Mulle Mpf Mulle	ry, street, office bldg., etc.)	
≥			1ACCH 19, 1966, to MARCH 25 196	L. Ihat (I) (wa) Last
	21. I tertify that	cline on Mark by 25° 10 large and the	t death occurred atM, from the causes and on t	ha data atotad abass
	22a. SIGNATURE	anve on Tatil Co. 2 19 15 15, and that	t death occurred at m, from the causes and on t	NE DATE STATED ZUOVE
1	forest	D bri'c'	/	25-66
	22C. PHYSICIAN'S	M.C	D. PHYS. DIRECTOR PHYS. 1 22d, ADORESS	C 13 - 13 (2)
	DISSESS CT	QUNTHER D HIRSCH	Havre de Grace, Marv	lend
23	a. BURIAL, CREMATION,			
2.0	REMOVAL (Specify)	00 11		
24	Burial FUNERAL DIRECTOR	, , , , , , , , , , , , , , , , , , , ,	y Cemetery Aberdeen, Mar Home 125a, REC'D BY REGISTRAR 25b, REGISTRAR	
1	HAT THE		שונים אות מתחב מתונים ו	
Ill	Mall Muleon	Aberdeen, Maryla	and land AR 29 1966 fictions	es Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death death. TO SOFITAL OF RETENDING REVSICIAN: The law requires that the death certificate be executed within 24 flows after Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 2DM 1/65



FOR STATE HEALTH DEPT.

cessary, 를 를 TO DEPUTY MEN EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to director. Page 4, should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

	Departm	after de
3	. Itate	hours
	£;	7.5
	2 with	within
	and	event
0	nit. File pages 1 and 2 with the Itate Dep	in any
	File	and
	permit.	removal,
	ISIT	o
etained for your files.	burial-transit permit.	ted agent, prior to burial, cremation, or removal, and in any event within 72 hours after de
	should be used as a bi	ourial, 1
	use	유
3	ld be	prior
	3 shou	agent,
iles.	TO FUNERAL DIRECTOR: Page 3 sh	of Health or its designated
your i	RECT	its de
for	1	0
retained for you	FUNER	Health
19	2	O

VR ALSME (5)

1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03818 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13808_					
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Reside	nce before admission)					
a. COUNTY Harfurd MARYLAND B. COUNTY Have	M					
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 3b c. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town)	give nearest town)					
JOPP 3 Instant Chework	1 x - 1					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 2 3/41 2	e. IS RESIDENCE ON A FARM?					
U.S. Route 40 2314 Rosewood Rd.	YES NO X					
(Type or print) - 4 Z ANE Elizibelli Guilbault DEATH March 1	2 19 46					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE last birthday) Months Day WIDOWED DIVORCED NOV. 10, 1963						
10a. USUAL OCCUPATION (Give kind of work done 10b. KiND OF BUSINESS OR during most of working life, even if retired) 10b. KiND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF WHAT TRY?					
none none Baltimore, Md. U	SA					
13. FATHER'S NAME						
George G. Guilbault Palma M. Covington						
(Yes, no, or unknown) (If yes tive war or dates of service)	gewood, Md.					
no none Mrs. Palma M. Guilbault, 2314 Rose	ewood Rd.					
701 OND DE DE DE CONTROL ON ON OND ONE ON ON ONE ON ONE ON ONE	NTERVAL BETWEEN ONSET AND DEATH					
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tracture span						
8 45 4 DUE TO						
Conditions, if any, which (b)						
cause (e), steting the DUE TO						
underlying ceuse lest.) (c)	19. WAS AUTOPSY					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMEDI YES NO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) A LALL CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. 3 12 19 While Not While et work of work of work of the work						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County)) (State)					
Hour a.m. 3 - 12 19 While Not While of work & N. 5 Poute 40 Juffen Ha	NG					
	and in my opinion					
death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner						
CHIEF MEDICAL EXAMINER DE LO	N					
SIGNATURE LEWELL OF ALL M.D. ASSISTANT MEDICAL EXAMINER	72. DATE SIGNED					
EXAMINER'S Ge Yold (Palme - M) DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 3-2	2-66					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify)	(State)					
Removal Mar. 13, 1966 Leitz-Eagan Funeral Home New Orleans, Louisi	i ana IGNATURE					
Howard K. McComas & Son, Abingdon, Md. 21009 Date 15 1036 Minules	Judge					
Abingdon, Md. 21009 bar						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH () 3809

-			
4	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission)
8	1	HAKTOSD MARYLAND	B. STATE MARVIAUD B. COUNTY HAR FORD
		b. CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	1	Write RURAL and give nearest town) BERVEEL VRIVE CRUSS // Vedro	HAURENE BRADE.
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
**	L	lier Denv HarpITAL	CI- O LIDREY TO ON A FARM?
	4	181 MAY HOSTITIE	116/5 CHATEL IERPARGIYES NOV
	3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
1		(Type or print) ALFIED LEROY 14/5	1 SEN DEATH ///UNA 3 1966
1	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
\mathbb{Z}		M CAU WIDOWED DIVORCED	27,MAY 20 FE45. 9, 22
	10a.	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY	321. BERTHPLACE (County & State, or foreign country) 22. CITIZEN OF WHAT COUNTRY?
	0411	MILITARY RETURED NONE	REAUCHARD MICIH USA
	13,		44 MOTHER'S MAIDEN NAME
	_	# H. TITES // 1 115 F 11	ERPHART METILDA
	15.	. WAS DECEASED EVERTNU.S. ARMED FORCES? 1.16. SOCIAL SECURITY NO. 1.17.	INFORMANT Address
	(Yes	is, no, or unknown) ((If yes give war or dates of service)	
	-		
		18. CAUSE OF DEATH LENTER only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) CIENTAL WASCULG	r Occ/usión 2 days
		332 X DUE TO	-
			We_
		gave rise to immediate cause (a), stating the DUE TO	
		underlying cause last. (c)	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTREL	ATED TO THE LER MINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CAI	1. Right lower labe oneumonia	2. Jevere rheumatord aithores, NO De
		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	SE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While - Not While - facto	ory, street, office bldg., etc.)
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	p.m. 19 at work at work	of the the the training
		21. I certify that (I) (this hospital) attended the deceased from	1966, to 5 M/4CM, 1966, that (1) (we) last
		saw the deceased alive on 5 1960, and that	t death occurred at PM, from the causes and on the date stated, above.
		22a. SHONATURE	ATTENDING MED. STAFF TO MILE SIGNED
1		I ran out Tues for Cega nein	P. PHYS. DIRECTOR PHYS. WI 5 MUN OU
	Ш	22c, PHYSICIAN'S NAME (Type) (2001) All CHORCE	22d. ADDRESS ADJUST HOSE ALADA PG MI
		1717KUND C. STENIFER	KIRK MKINY /ICDY //Ipiqqovn V.O. IIA
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	+ 1 / 1 / 1
		DURIAL MAK. 1,116 Willing Con 11	
	24.	EUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	/	1. 11 Ochoby Miletritt Haveder	ace MAR 9 1966 marle Judge
		the state of the s	



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0! funeral shools 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if Institution: Raylounce before admission) COUNTY hours by the and 2 death. LOWN (If outside corporate limits, write RURAX and give nearest town) b. CITY OR OWN (if outside corporate limits, LENGTH OF STAY IN 16 write RURAL and give neasest down 2. filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita., give street eddress) a. IS RESIDENCE hours ON A FARM? Edmpletely i YES NO papers. 3. NAME OF Midela DATE Last Year DECEASED OF (Typa or print) DEATH event, within 19 carbon 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED Z-NEVER MARRIED and lest birthday) Months Min. House WIDOWED DIVORCED physician please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 13. BIRBIPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) any FATHER'S NAME SOTHER'S MAIDEN NAME .5 death attending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Addrass. (Yes, no, or unkown) | (Ifyesgive werordatesof service) The law requires that permit. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). physician. INTERVAL BETWEEN been signed by ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO affending Conditions, if any, which gave rise to immediate cause **DUE TO** burial, (a), stating the underlying After this certificate has cause last. ÷ the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 3 Q PERFORMED? use prior NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Iam 18.) 20a ACCIDENT WAS UNDERLYING IT for OR CONTRIBUTING [] CAUSE OF DEATH Health DIRECTOR: After this DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stete) factory, streat, office bldg., etc.) While Not While ō Hour a.m. at work at work 19 D. m. Dept. 21. I certify that (I) (this hospital) attended the deceased from IPM, from the causes and on the date stated above .19... and that death occurred at saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED death, Page 4 PHYS. DIRECTOR PHYS. HOSPITAL filed with the M.D. 22c. PHYSICIAN'S **ADDRESS** 22d. NAME (Typh) 23b BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY (State) S g g 24 FUMERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR YR A1S (4). 20M 5-63



THE FINITIAN MINITOR. After this certifinate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit mermit. Then please remove carmon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death-TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cortificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0382	24		CI	ERTIFICAT	E OF DEATH			()3)	811
1.	PLACE OF DEATH	Harford			MARYLANO	2. USUAL RESIDENCE a. STATE Mar		ed lived, If Instituti b. COUNTY	on: Residence b	
	b. CITY OR TOW write RURAL Bel 4	N (if outside corp and give nearest	porate limits, town)		TH OF STAY IN 1b	c. CITY OR TOWN (If		ate limits, write Ri	URAL and give	nearest town)
	d. NAME OF HO	SPITAL OR INSTIT	UTION (if not I		ive street address)	d. STREET ADDRESS			В.	IS RESIDENCE ON A FARM?
	62 E	est Broad	wa.y			62 Ea	st Broad	iway	YE	
3.	NAME OF DEGEASED		First	77	Middie	Last	4. DATE DF	Month	Day	Year
	(Type or print)		ames .	Henry	Kehoe		DEATH	March	23,	19 66
5.	SEX	6. COLOR OR RA	7. 00		EK MARKIED	8. OATE OF BIRTH	9. Al	GE (In years IFUN ist birthday) Mon	ths Days	Hours Min.
	Male	White	MIDOM			July 4, 1885		3.4.		100147
du	ing most of work	TION (Give kind of ving life, even if re Agent	etired)	NIND OF BUILD OF BUIL		Baltimore			2. CITIZEN OF COUNTRY? U.S.A	
13	. FATHER'S NAM					14. MOTHER'S MAID				
	Jan	mes Henry	Kehoe			Mari	o A. Gal	himann		
15 (Y	. WAS DECEASED	EVER IN U.S. ARME I (If yes give war or da	ates of service)	16. SOCIALS	ECURITYNO. 17.	INFORMANT (W116)838 <u>-50</u> 7	362Address B	roadway	
	No			215-03-	2949 Mr	s. Ethel M.	Kehoe	Bel Air	, Md. 2	1014
		OEATH [Enter onl	A.	er line for (a)	, (b), and (c).]	- 10	7.0			AL BETWEEN
	PART I. DI	EATH WAS CAUSED IMMEDIATE CA	USE (a)	ver.	osclin	tie El	1/ise	we		
	100	-/ 1	DUE TO						:	
	Conditions, If gave rise to		(b)							
	cause (a), s	tating the	DUE TO							
z	underlying caus		(c)							100 01170001
CATIO	PARTIL OTHERS	SIGNIFICANT COND	OTTIONSCONTR	HBUTING TO D	DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDIT	ION GIVEN IN PART		VAS AUTOPSY ERFORMED?
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ING () CAUSE OF TIFY MEDICAL EX	G 20b DEATH AMINER)	. DESCRIBE	HOW INJURY OCC	JRRED. (Enter nature of	Injury In Part	i or Part II of Iter	m 18.)	
MEDICAL	2Dc. TIME OF Hour a.r p.		Wh	ille - Not	CURRED 2De. PLA While factor	CE OF INJURY (Home, fa ory, street, office bldg., e		y or town)	(County)	(State)
-	21. I certif	fy that (1) (this	hospital) atte	ended the d	eceased from /	~ / . 19	14, to 3	. 23, 1	96 6, that	(1) (we) last
		ceased alive on	3-2	1	9 46 , and tha	t death occurred at	P. M, from			
	22a. SIGNATUI	RE A . L 10	P-1			ATTEMPING	MED.		DATE SIGN	4.4
	de	nen c	yac	mez	M.1	D. PHYS.	DIRECTOR [PHYS.	arch 24	,1900
	22c. PHYSICIA NAME (T	ype) Gera	1d C. I	almer,	M.D.	S. Main S	to, Bel	Air, Mar	yland 2	1014
23	_REMOYAL_(Spi	MATION, 23b. DA			AME OF CEMETER			TION (City, town o		(State)
	Buria I	March				• Cemetery		in Green,		

Bel Air, Maryland 21014

Charles Judge

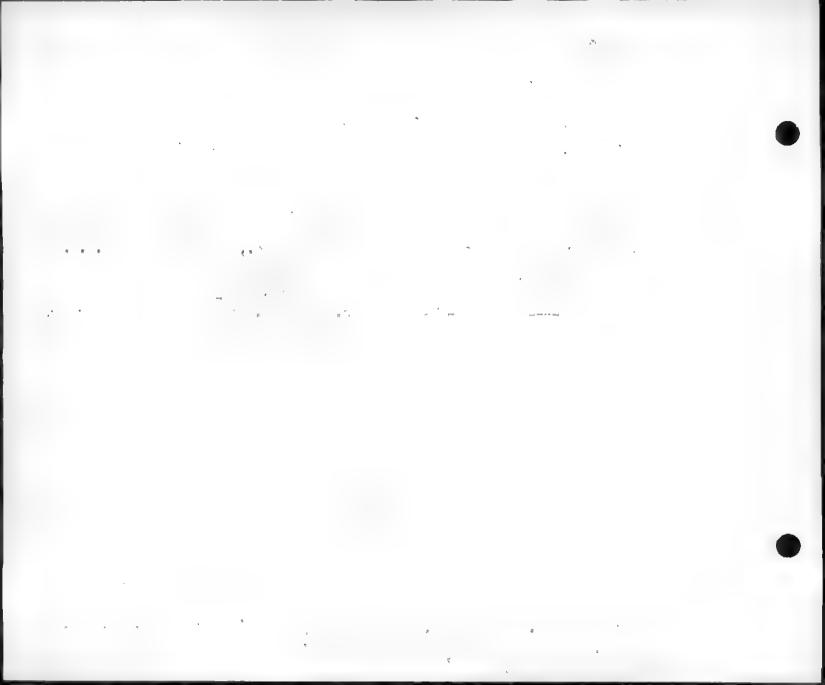
VR A15 (4) 20M 1/65

Joseph William Foster

10 t t . . .

MARYLAND STATE DEPARTMENT OF HEALTH

1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	201
FOR STATE		93822 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03812
EALTH DEPT.		PLACE OF DEATH O COUNTY Harfurd MARYLAND 2 USUAL RESIDENCE (Where deceased ved, if institution Residence of STATE of COUNTY Harfurd) MARYLAND	te before admiss pn)
eloy d 3 Po hent dear		b CITY OR TOWN (I outside corporate limits, C.ENGTH OF STAY IN 16 CCITY OR TOWN (If autside corporate limits write RURAL and give	nearest tawn)
th If any doges 1, 2, on a form PM3 of the Deportment of the Contraction of the Contracti	-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
th If	1	tarford Convolescent one 1/8 Marlsty A ne	YES NO
offer deoth 1f, 8 Give Poges 1, olong with form with the State Dewithin 72 hours		NAME OF Lost A. DATE Month OF DEATH METCH	4, Year 66
	S	SEX 6 COLOR OR PACE 7 MARRIED NEVER MARR ED B DATE OF BIRTH 9 AGE (In years lost birthdoy) WIDOWED DIVORCED 7 0-28-84 9 Months 775.	DOYS HOURS MIN
hours Item 1 Office	10o dur	USUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore gn country) 12 (IT)	IZEN OF WHAT
hin 24 null in nuner s poges in one		FATHER'S NAME Construction Harford Co., Maryland W Another's Maiden NAME	• <u>D</u> •N •
with per	10	John Kerr Ellen Dady	
	(Ye	was Deceased ever in u.s. armed Forces? It is social security no if yes give wor or dotes of service 214_18_0320 It is helder to norman in the service in th	Maryland
certificate should be executer writing the word 'pending' prworded to the Chief Medical used os o burial-transit permit. buriol, cremation, or removal,		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
<u>_</u>		12 4 IMMEDIATE CAUSE (c) DUE TO	
the wor to the burial-		Conditions if any, which gave (b) (b) (b)	
his certificate should ote, writing the word e forworded to the C be used os o burial-tr to burial, cremation,		stoting the underlying couse last.	
certificat writing orworded oused os o buriol, cr	NO	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED?
ER: This certificate, certificate, could be fes. hould be to, prior to	CERTIF CAT	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW NURY OCCURRED (Enter pating of unity in Port Ligit Jernat 18.)	YES NO
INER: 1 should the files. 3 should that, prior	CAL CERT	PRIMARYST OF CONTRIBUTING - Anto accident auto predestran type	9-
AMINER: The certifice at should by our files. age 3 should loge 3 should logent, prior	MED C	20c TIME OF INJURY Manth Day, Year While of work of wo	
LEX.		21 I certify that a taak charge of the remains described above, held an Autopsy 🔲, —Inspection 🔼, —Inquiry 🔀,	and in my apiniar
NETTAL EX Sose execut inector Pag ained for y IRECTOR: P designoted		death resulted fram. Natural causes , Accident , Suicide , Hamicide , Undetermined manner	md.
pleo pleo I dire L DIR its de		SIGNATURE LEVEL CENTRE MD ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED
O DEPUTY MESTAL EXAM necessory, please execute the funeral director Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health or its designated age		EXAMINER'S NAME (Type) G-CY) (d P P2 In CY V(V) Address (Street, city, town, or county)	cores 6
TO DEPL necesso the fun 5 moy 0 FUNE Heolth	230	DESERVAN (Specific)	(County) (State)
0	24	Hickory, Harf. Co. FUNERAL DIRECTOR W. Broadwayorgesswilliams St. 250. RECD BY REG STRAR 256 REGISTRAR'S SI	GNATURE
VR A15ME (5)		resultivalian forthe Bel Air, Maryland 21014 DAMAR 7 1958 Charle	en Indie
	J	oseph William Fester	0 0

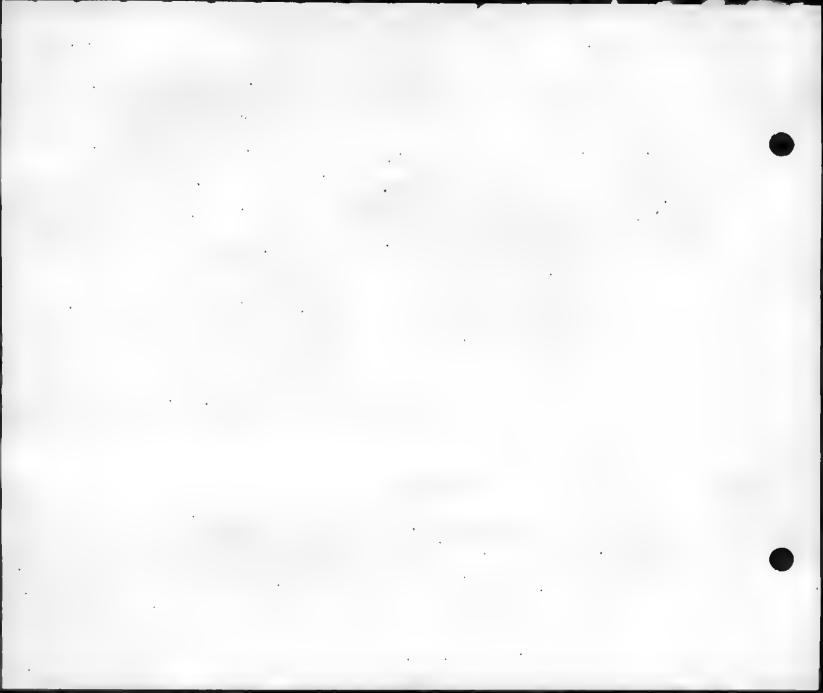


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO NOTRITIES ATTENDED FORTHERN The law regulres that the destill certificate the executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()3813

ı	1.	PLACE OF DEATH a_CQUNTY 1)	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence pefore admission)
1		HAT-FORCE MARYLAND	a. STATE MA b. COUNTY Lactord
ı		b. CITY OR TOWN (if outside corporate limits, write RURA) and give nearest town)	c. City OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ľ	14	AVER OF GRACE 11 DAVS	JONDA / /
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORES ON A FARM?
	F	lartord Memorial Hospital	Box 71 - Kalaski Honwy YES INO I
1	3.	NAME OF PITST MIDDLE	Last 4. DAYE Month Oay Year
ł	5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 7	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
١	1	6. COLOR OR RACE 7 MARRIED NEVER MARRIED OLYORGEO	Jan 17 1017 last birthday) Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
ì	duri	Ing most of working life exen if retired) Proprietor Restaurant	Baltimore, Md. USA
4		FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		John Klein	Antoinette Gerst
1	15.	a see an ambient of the see that the see a	INFORMANT Address
	(16	Yes WW II 215-10-6919 Jos	eph Cuilla, 701 Pulaski Highway, Joppa
1	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
١		PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Continuor	inforcarcial Intarción II deles
1	- 1	4201 DUE TO 0	the die
		gave rise to immediate (b) Cronling Lili	tome (se)
		cause (a), stating the OUE TO	Ti On diamente Cina
	8	underlying cause last.) (c) III L. MESTELLING PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	EA!	THE THE OTHER DESTRICTION OF THE TOP DESTREET TO SERVICE OF THE PARTY	PERFORMED? YES NO NO
1	E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item 18.)
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Approximate the second
	MEDICAL	feete	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MED	Hour a.m. While Not While p.m. 19 at work at work	Manage and Pil error
1		21. I certify that (I) (this hospital) attended the deceased from	bru Ary 2719 66, to March 9, 1966 that (1) (we) last
			death occurred at 3 A.M. from the causes and on the date stated above.
		22a. SIGNATURE	ATTENOING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNED
<		22c. PHYSIGHAN'S M.O	PHYS. X DIRECTOR PHYS. 1
		NAME (Type) Falurand Co Loc, M.D.	Havre act pace, hid.
	23a	PEMOVAL (Specify)	
		Burial Mar 12 1066 New Cathedral	Cemetery Baltimore Md.
		FUNERAL DIRECTOR AOORESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		Howard K. McComas & Son Abingdon, Md.	21009 DATE 1 1500 garantes Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-30seph william Fester, wo proad my & williams St, Bel Au, Md. 21014

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit Then please remaye carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat

VR A15 (4) 20 M 1/66

		0382	L _k			CERTIF	FICATE	OF DEATH				{	138	4
		COUNTY Ta	rford			MAR	YLAND	2 USUAL RESIDENCE (1 0 STATE Mary			ution Residen	rce befor	e odmissio	in)
	t	CITY OR TOWN (t outside corporate limit	ts,		c LENGTH OF STAY 2 Days	IN Ib	COTY OR TOWN (If our Bel Air	itside cor;	porate limits, write Rl	URAL and giv	e neafes	t tawn)	
		NAME OF HOSPIT	ALOR INSTITUTION (IF IN	ot ∗n hos	pitol, g			d. street address	on C	t			ON A FA	DENCE ARM? NO [X]
	1	NAME OF DECEASED Type or pont)		roth:	77	Widdle Widdle		Lost Marchall	4. DAT	35		Doy 7		or L/
	5 1		6 COLOR OR RACE	7 MAR	,	NEVER MARRIE		DATE OF BIRTH 2 July 1896	1 010	9 AGE (In years 6 Sost birthdoy) yrs	IF JNDER Months	1 YEAR Doys	IF UNDER Hours	
	duri	USUAL OCCUPATION IN MOST OF WORKING OUSEWITE	(Give kind of work done life, even if retired)			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Hardford,				T ZEN OF JUNTRY?		
		13 FATHERS NAME Charles Crawford				14. MOTHERS MA DEN NAME Julia Van Kirk								
	1S (Ye	WAS DECEASED EVE s no, or unknown)	R NUS ARMED FORCES? (If yes give wor or dates	of service	16.5	OCIAL SECURITY NO 8-46-2390		nformant offrey Marr	hall		ress 1412			n la.
				(o)	Int:	racer bral		orrhaje fovascilar	7)1 < 2	256		ON	ERVAL BET SET AND D	
		rise to immediat stating the under last.	e couse (o), dying couse	(c)	Art	erio:clero	otic	Heart Disea	se			3-5	Yrs	
	CATION	PART II. OTHER SI	GNIFICANT CONDITIONS (HE TERMINAL DISEASE COL					WAS AUTO PERFORM ES 💢	
	L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)					Enter noture of injury in						
	MEDICAL	Hour o.n	n. 19		While ot work	ot work _	foct	E OF INJURY (Home, form ory, street, office bldg., etc.)		lf. (City or town)	,	unty)		(Stote)
		saw the di	fy that MX(this ha					death accurred at			and an t	he dat		
		220. SIGNATURE	Belen)	Z	L.	M.C	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTO	R STAFF PHYS.		ATE SIGN [arc]	1ED h 196	56
	02	22c. PHYSICIAN'S NAME (Type)			, C	- /	PTPRV DO	Kirk Army						
\		REMOVAL (Specify		10,19	66	ADDRESS LE	学学	scopal Jem.	E	LOCATION (City or I			md,	itote)
K	K	obut D	Reiman	7 on	40	Ater Tane	rest to	Jone OMAR	11		liante			



TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the deats certificate be executed within 20 for death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deathy

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(13815)

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	HART-ORD MARYLAND	a. STATE Md b. COUNTY HARL-ORD
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	FAURE do GRACE 10 dass	BELAIR !!
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1	HARFORD MEMORIAL HOSPITAL	RT 2, DOX 217 YES X NO [
3.	NAME DF DECEASED First Middle	Lest 4. DAYE Month Day Year
5.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (IN YEAR) IF UNDER 1 YEAR IF UNDER 24 HRS.
-	MARKIEU [2] NEVER MARKIEU	20 Son 1802 last birthday) Months Days Hours Min.
ŽO.	a. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OF	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
PUM	ring most of working life, even it retired) Housewife Home	Grayson Co. Va. COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Alexander Ross	Virginia Hackler
(Y	es, no, or unkown) (If yes give war or dates of service)	INFDRMANT Address
	No 220-46-5362H	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) William C.	1 minis
	Conditions, if any, which	Beukemiz
	gave rise to immediate	16-
	cause (a), stating the underlying cause last.	
LON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
FICA		YES NO Z
CERTIFICATION	20A. ACCIDENT WAS UNDERLYING 7 20b. DESCRIBE HOW INJURY OCCION CONTRIBUTING 7 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Pert I or Part II of Item 18.)
MEDICAL	there are	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MED	p.m. 19 While Not While at work at work	, , ,
	21. I certify that (I) (this hospital) attended the deceased from/	
	saw the deceased alive on M AACH 19 19 66, and tha	t death occurred at ## A. M, from the causes and on the date stated above.
		ATTENDING MED. STAFF 2 2 10
	22c. PHYSICIANUS 7 LOT NWELL M.	D. PHYS. DIRECTOR PHYS. 1377-66
	Bank (Type) HENRY KWAK	Havre de Grace, Maryland
-		
238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Removal, 20 Mar. 66 Burton Cha	pel Cemetery Sugar Grove, Va.
	_REMOVAL (Specify)	

VR A15 (4) 20M 1/65

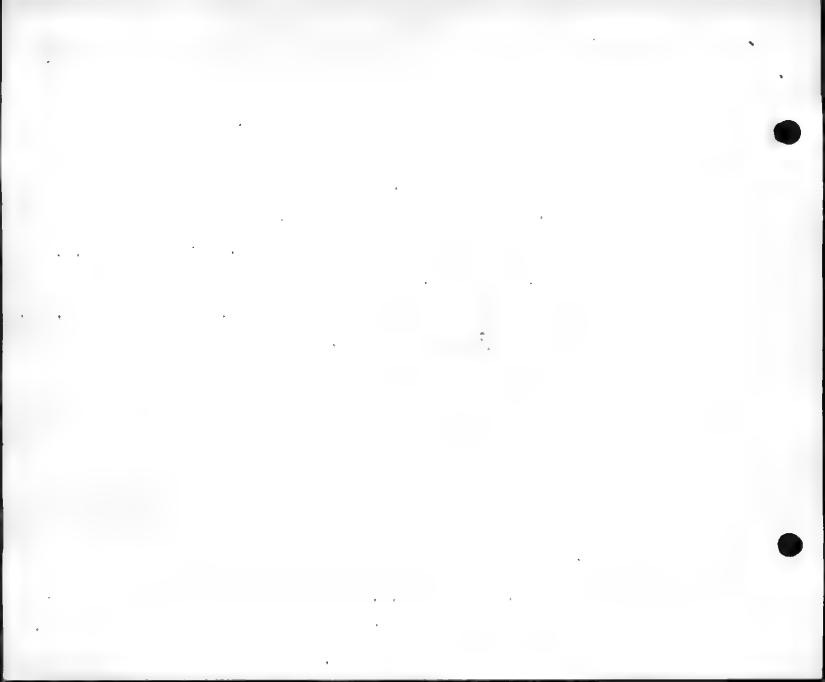


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after fune 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) B. COUNTY hours b. COUNTY Harford by the and 2 death. arvland Harford MARYLAND b. CITY OR TOWN (if outside corporale limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ģ write RURAL and give nearest town) = Fallston Rural Fallston. vrs. Pages filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? Charles Street Charles Street YES NO I completely papers. 3 NAME OF Lost 4. DATE Middle Month 72 DECEASED OF (Type or print) DEATH March Nellie Marie Miller within 19 66 pou 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthdey) Months 100 Female WIDOWED [DIVORCED [Feb. 6 189 attending physician hen please remayer 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) any Housewife Baltimore, Maryland Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 pue Thomas Mullen Annie Watts Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 21047 Address removal, (Yes, no, or unknwn) I (If yes give we ror dates of service) No George W. Miller Fallston. Md. permit. hysician, 18. CAUSE OF DEATH |Enter only one ceuse par line for (e), (b), end (c). INTERVAL SETWEEN ģ ONSET AND DEATH ò PART I, DEATH WAS CAUSED BY. attending physic as been signed b burial-transit per Muocavdia Immediate IMMEDIATE CAUSE (e) cremation, DUF TO attending Interiosclevotic Cardiovascular Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying burial, couse lest. the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [16] 19. WAS AUTOPSY CERTIFICATION hospital 60 2 PERFORMED? NO F none USB prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ło OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Health nous detached ģ After ATTENDING MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 2Da, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Ö et work at work MELLA DIRECTOR:
3 should be de Dept. 3 / // 1969 that (I) (we) last 21. I certify that (I) (this brancial) attended the deceased from... Stale 3///......19.65., and that death occurred at 10.3%, from the causes and on the date stated above. saw the deceased alive on .. 22a. SIGNATUR 22b. DATE ATTENDING SIGNED death. Page 4
CO FUNERAL 3
director, page 3
be filed with the PHYS. DIRECTOR PHYS. M.D. HOSPITAL 22d. ADDRESS 22c. PHYS NAME 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Rel Bel Air Gardens 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25p REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY a STATE b. COUNTY Page 5 Maryland Harford Harford MARYLAND b CITY OR TOWN (.f outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) P.M.3. Aberdeen Aberdeen Rural d NAME OF HOSPITA, OR INSTITUTION (finot in haspita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours Route #2. Route #2 ate YES X NO 3. NAME OF Middle Last DATE Manth Day DECEASED MITCHELL 66 0. (Type or print) rarch DEATH 19 olong S SEX 9 AGE (n years 6 COLOR OR RACE 7 MARRIED 8. DATE OF BRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED Sost b rthdoy) Cau. 16 Oct. WIDOWED A DIVORCED Office 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BRIHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working are, even if retired) COUNTRY? INDUSTRY pages 10 in any e Harford Co., Maryland Housewife Home the Chief Medical Examiner pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles B. Osborn Sr. Jerusha Gertrude Mitchell puo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address permit (Yes, no, or unknown) (If yes give wor or dotes of service) removal, Jerusha Oliver. Havre de Grace. Md. Nο 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should e, writing the word forwarded to the Ch cremotion, DUE TO Conditions, if only, which gave rise to immediate couse (a) DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior to should be 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW ADURY OCCURRED (Enter nature of injury in Port I or Port I of term 18.) 3 should PRIMARY I or CONTRIBUTING I **EXAMINER:** CAUSE OF DEATH. its designoted ogent, 20c. T.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF .NJURY (Home, farm (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Poge Page of work of work 21 I certify that I took charge of the remains described above, held on Autopsy [7], Inspection 🔽 Inquiry 17. and in my opinion the funerol director. death resulted from: Noturol causes Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** Heolth or DEPUTY MEDICAL EXAMINER 18 **EXAMINER'S** NAME (Type) Palmer. Address (Street, city, tawn, or county) Gerald Air. Md. 235 DATE THEREOF 230 BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 0 31 Mar. 66 Presbyterian Cometery Grove Aberdeen. Md. 25b REGISTRAR S SIGNATURE Milanley VR A15ME (5) 1966 6M 1766 .Home . Aberdeen. Md.



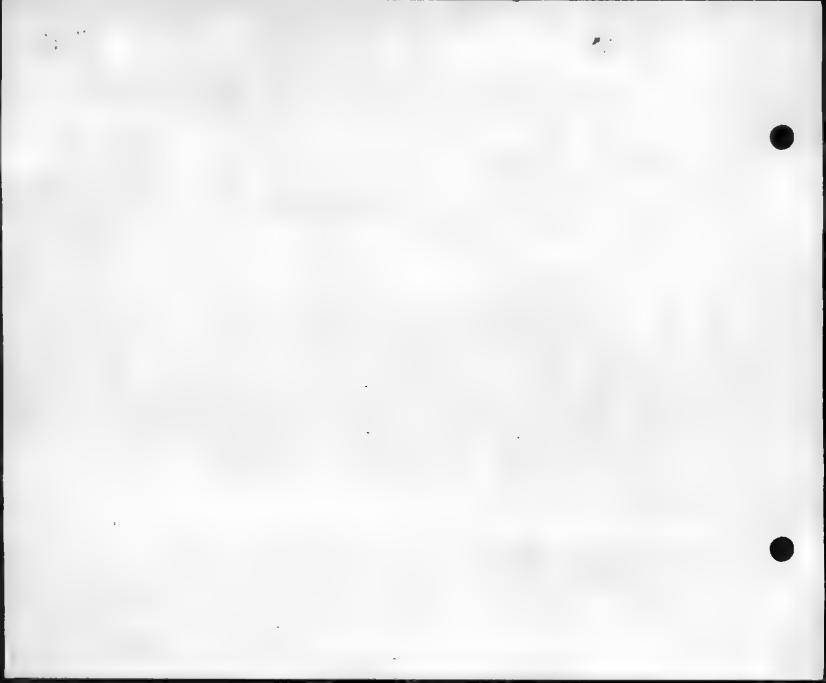
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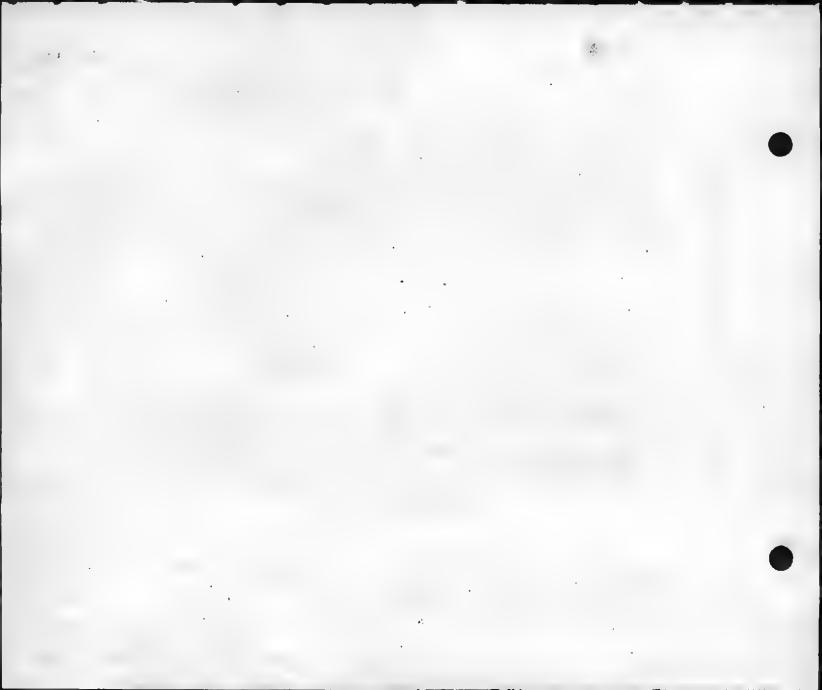
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY	H				2. USUAL RESIDENC a. STATE	E (Where	deceased fix	b. COUNT		sidence D	etore admis	510N)
Harfo	rd		MARYLA	NO I	Marv	land			Har	ford		
b. CITY OR TOW	N (If outside corporation and give nearest tow	te limits,	c. LENGTH OF STAY I		c. CITY OR TOWN (If	outside (corporate l	mits, wri	to RURAL	and give	nearest to	own)
Aberdee		'n)	23 years	ŀ	Aberdeen							
d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in)	ospital, give street add	ress)	d. STREET ADDRESS			-		8.	IS RESIDE	NCE
none					202 Edmund	Stre	et				S NO	
3. NAME OF OECEASED	FI	rst	Middle		Last	4. OAT	TE.	Month		Day	Year	
(Type or print)	Rose		Agnes		Morlok	OE	ATH	Marc		9	1966	
5. SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRIED		. OATE OF BIRTH		9. AGE (I	n years rthday)	IF UNDER			HRS.
Female	White	MIDOMEC] A	pril 21,187		87	yrs.				kifar*
10a. USUAL OCCUPATION during most of work	ION (Give kind of work	done 10b.	KINO OF BUSINESS OR INOUSTRY		11. BIRTHPLACE (Co	ounty & St	ate, or foreig	gn country)	12. CI	TIZEN OI	F WHAT	
none	,	,	_		Germany				U	ISA		
13. FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME						
Adam d	e Martin				Unknow	m						
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO.	17.	INFORMANT			Addres	\$	Ahami	deen,	v.a
No	(If yes give war or dates o	r service)	14-12-0886	Mis	s Shirley A.	. Mor	lok.	202 F	idmund	i St.	1001191	BLL
	OFATH (Enter only on	e cause per	line fgs (a), (b), and (c).]			- 1101	20119	2022		INTERV	VAL BETW	
	EATH WAS CAUSED BY IMMEDIATE CAUSE	:	In our Y		\						MUS	
12501		TO	1		510						1 V	
Conditions, If any, which) (b) Shill willed and constitutions										7	1 1	
gave rise to cause (a), s												
underlying cau:		(c) (c)	A s									
PART II. OTHER	SIGNIFICANT CONDITION		UTING TO DEATH BUT NO	FRELA	TEO TO THE TERMINAL D	DISEASEC	ONDITION	GIVENINI	PART 1(a)		WAS AUTO	
LES /	an lewise	entre	heart de	10	lue					YES		£
PART II. OTHER 2Da. ACCIDENT OR CONTRIBUT OF CITHER, NO	WAS UNCERLYING THE ING TO CAUSE OF CEATIFY MEDICAL EXAMI	20b.	DESCRIBE HOW INJURY	occu	RRED. (Enter nature of	Injury I	Part I or	Part II of	f Item 18.)		
									47		-0.4	
ZDC. TIME OF Hour a.	INJURY Month, Day,				CE OF INJURY (Home, fary, street, office bidg., e		f. (City or	town)	(C01	inty)	(Sta	(9)
p.	m. 19	While at wo	rk at work									
21. 1 certi	ly that (I) (th is-hos	oital) atten	ded the deceased from	75°4	19	9 <i>65</i>	to_3-	-4-6	4 19	, tha	it (I) (Vre)	last
	ceased alive on	3 -7	-66 19 , and	that	death occurred at	<u>54Ам,</u>	from the	causes				oove.
22a. SIGNATU	RE O DA	1-4			ATTENOING -	MEO	STA	EE	Adm.	ATE SIGN		
00	1- Ju	while	7 N	М.0		MEO. Directoi	R PH		3	-9-	.06	
22c. PHYSICIA NAME (T		r Dl.	· · · · · · · · · · · · · · · · · · ·		22d. ADDRESS							
		U. Fit	inkett, Jr.		617 W. Bel	_						
23a. BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE	THEREOF	23c. NAME OF CEM				LOCATION				(State	1)
Purial 24. FUNERAL DIR		2,1966	St. Paul's	Luth	neran Cemete		Stepn			rford	the state of	
			ADDRESS		25a. FREC	COUTBY R	EGISTRAR	25b. RE	. 9	7	IURE	4
Howard K.	McComas &	Son	Abingdon, M	1. 2	21009 DATE	1 1	खद्रहा	ya	lave	o Ju	dal.	



_ 1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2 702	CERTIFICATE OF DEATH 02010
after death. / the funeral ges 1 and 2 safter death.	1. PLACE OF DEATH a. CDUNTY A. CDUNTY A. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. CDUNTY B. CDUNT
executed within 24 hours after and completely filled in by the femove carbon papers. Pages 1 any event, within 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) LARCHOC CAGGOOD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) p. STREET ADDRESS e. STREET ADDRESS o. LENGTH DF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) A STREET ADDRESS o. IS RESIDENCE
in 24 i by filled paper thin 72	Harting Memorial Hospital Whed Rd.) 17.2, Doy 33 VES X NO
ed with omplete carboi vent, wi	3. NAME OF DECEASED (Type or print) 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/
	S. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
hysician	during prost of working life, even if retired) INDUSTRY ARRENT NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
that the death certificate be executed within sician. The attending physician and completely al-fransit permit. Then, prease remove carbon al, cremation, or removal, and in any event, with	ROSCOCI 1/pps, 40500 Ht COATHER, 19TE DELP
PHYSICIAN: The law requires that the death the hospital or attending physician. this certificate has been signed by the attentistand for use as the burial-transit permit. Bept, of Health prior to burial, cremation, or	199 1 1991 MEE T. Luibba REI HAT WHATHOUT STOIT
hat the cian. ed by titransit, crema	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Dentricula factors IMMEDIATE CAUSE (a) Acute Dentricula factors
The law requires that to or attending physician are has been signed buse as the burial-transalth prior to burial, cre	Conditions, if any, which gave rise to Immediate (b) Corrusely Character (harabete)
law requires attending phy has been signed as the buring prior to buring the	cause (a), stating the DUE TD underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
i: The lat or al ficate lor use Health	PERFORMED) YES \(\square\) NO \(\square\)
PHYSICIAN: the hospital this certific defacted for e Dept, of He	
<u> </u>	20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour s.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work at work
ATTENDING retained by COOR. After Should be with the State	21. I certify that (I) (this hospital) attended the deceased from 0 = 7, 19 2, to 200, 19 2, that (I) (we) last saw the deceased alive on 200, and that death occurred at 200, from the causes and on the date stated above.
AL OR A ay be r page 3 filed wi	222. SIGNAPORE Celple Stoke M.D. PHYS. MED. DIRECTOR PHYS. 22b. DAJE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS
TO HOSPITAL O Page 4 may b TO FUNERAL Di director, page should be file	NAME (Type) J. Ralph Horky, M.D. Churchville, Maryland
TO Pa	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) BU-131 (Specify) March 14,1966 73E1 Ath Memorial Gardess 73E1 Ath Harford C. Marchad Ziold 24. FUNERAL DIRECTOR 1258. REGISTRAR 125b. REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65	JOSEPH William Foster BEI Air, Maryland 21014 DHAR 14 1966 Mornley Judge
10	Juper's Clean Folice



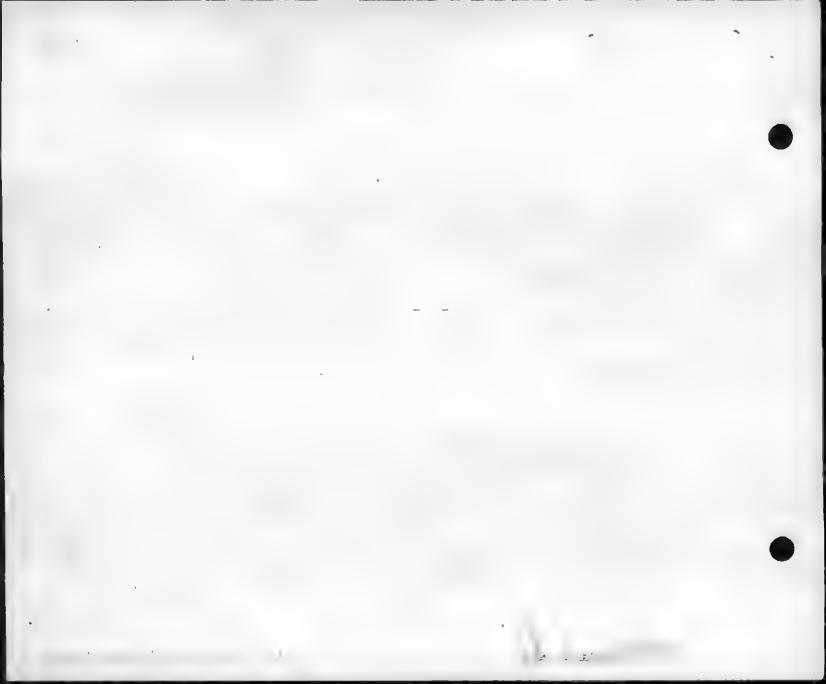
TO FUNERAL DIRECTOR: After this certificate has signed by the attending physician and appletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be are uttended within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M I/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

<u> </u>	CREST CERTIFICAT	E OF DEATH (13821)	
1.	E. PLACE OF BEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission	0
	HARFIRD MARYLAND	a. STATE MADULAND b. COUNTY HARLED	
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF SPAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	i)
Н	Write RURAL and give nearestitown) HAVRE OF GRACE - Surfrag.	Halps de GRACE 12-1	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS 0. IS RESIDENCE	Ē
	Hookad Mamarial Hospital	804 So. Adams ST YES NOTE	1
3,	3. NAME DE First Middle	Last / 14. DATE Month Day Year	<u> </u>
	(Type or print)	0F 100 1 100 100 100 100 100 100 100 100	
5.		8. DATE OF SIRTH 9. AGE (IN years IFUNDER 1 YEAR IFUNDER 24 HR	S.
1	E / // it	Jast-birthday) Months Days Hours Min.	-
10		VII. BIRTHPLACE (County & State, or foreign country) 12. CITLEN OF WHAT.	- [
di	luring toost of working life, even if retired) INDUSTRY	- Egithitry	
1:	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
	1.111	The months of market	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	FIORA FRALER	
	(es no se unkown) (If yes give war or dates of service)	INFORMANT Address Address	
=	Millinger III	is fully presidence Have account	10
П	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).] PART I. OEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND OBATH	
	IMMEDIATE CAUSE (a)	muller sicul	_
1	HTXX DUE TO COLE CO	1111 201 201	
	Conditions, If any, which gave rise to immediate (b)	nal I aware	_
	cause (a), stating the DUE TO		
>	underlying cause last. (c)		_
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	_
CERTIFICATION		YES NO	1
REL	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
ICAI	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)	
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ather early auson medit ered	
		19 to 3-17, 1966, that (I) (we) las	it
	saw the deceased time on 3-17 1964, and the	to 3-1, 19 to 10 t	ð.
	22a. Surroffunds		
	M. SOUM VIMA	D. PHYS. DIRECTOR D STAFF D 3 /19/64.	
Ł	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	H. L. Lewis, Ma), plante de Mace Mid.	_
23	3a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)	
	Durial 2/20/1966 Drothevious	Camelan Ling Sem Mod	
1	ADDRESS ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
1	See (1. Tilluson son Journey)	le Mi on RR 2 2 19661 fictionles Judge	
1-			



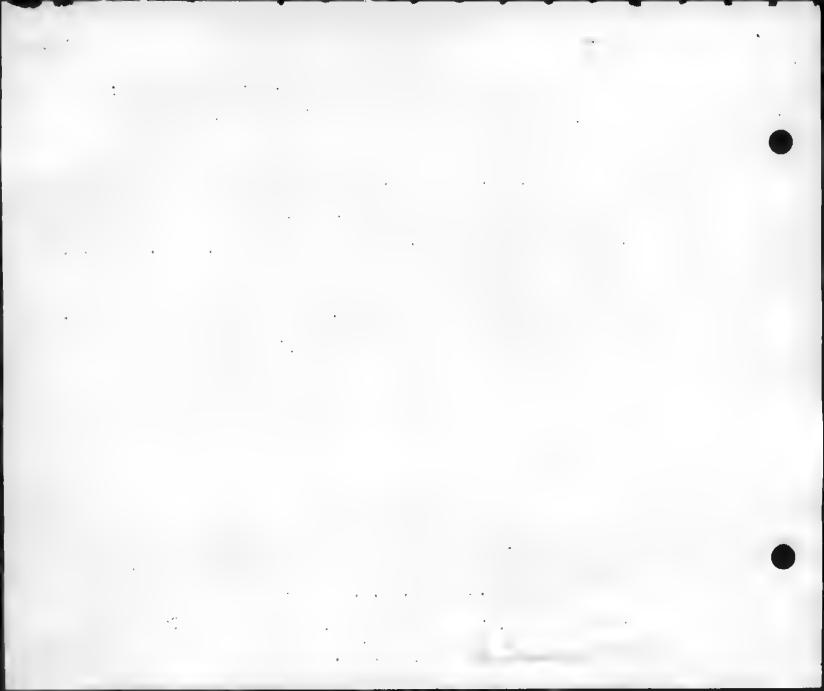
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Harford Harford MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Aber Jeen Proving Ground c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Aberdeen, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Kirk Army Hospital 53 Taft Street that the death certificate be executed within letely 3. NAME OF First Middle DATE Month DECEASED 19 66 Selma 124: L. Poehuck March DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days T male Cent 1911 WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT removal, and in COUNTRY? Houserife Torcester, Mass. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown - Jenniel Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. OL (Yes, po, or unknwn) | (If yes pive war or dates of service) been signed by the att. the burial-transit permin or to burial, cremation, o Peter Roebuck, 53 Taft Ct. Alerdeen, Md. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Arteriosclerotic Heart Disease 1 Hour Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the this certificate has be letached for use as the Dept. of Health prior underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATI Diabetes Mellitus 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While at work at work 1900 21. I certify that (I) Mais hospital attended the deceased from 22 ranch to 22 March 19 66 that (1) (Well last TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the and that death occurred a 2004. M. from the causes and on the date stated above. saw the deceased alive on JUA 22 . ar 19 55 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 22 March 1966 M.D. 22d. ADDRESS NAME (Type) ,Capt, MO Kirk Army Hospital, Abardeer Fu, Md. 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore. Md. Baltimore National Cemetery. 66 Burial TarringADDRESSIONAL Home | 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Aberdeen, Maryland VR A15 (4) 15M 4-64



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place is not carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DE DEATH a. COUNTY HARFORD MARYLAND b. CITY DR TOWN (If outside corporate limits, write rural and give nearest town) MARYLAND b. CITY DR TOWN (If outside corporate limits, write rural and give nearest town) HAURE DE DEATH C. LENGTH OF STAY IN 1D C. CITY DR TOWN (If outside corporate limits, write rural and give nearest town) HAURE DE DECEASED C. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. SRESIDENCE ON A FARM? YES DO NA FARM? YE
D. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Witte RURAL and give nearest town) HAURC G. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) G. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hos
AURC 2 2 Jack Accession Section Abevideen Abe
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STRET ADDRESS d. STREET AD
FORD Memox. ## Hosp. ## 18 Ferway Street On A Farm? 3. NAME OF DECEASED (Type or print)
HTRFORD New Dy. A Hosp. How Street Yes NDD
DECEASED (Type or print) Marthy BeatriceS/Aug, ter BeatriceS/Au
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 19 AGE) Notes of Business or Divorced 12 Feb, 1888 78 yrs. 10a. USUAL OCCUPATION (Give kinded work done during most of working life, even if retired) 10b. Kind of Business or Housewife 10b. Kind of Business or Housewife 10b. Kind of Business or Housewife 10b. Kind of Business or Chambers Co., Ala. U.S.A. 13. FATHER'S NAME Henry White Sarah Ware 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Female Colored Widowed Divorced 2 Feb, 1888 78 yrs. Months Oays Hours Min. 1Da. USUAL OCCUPATION (Give kind of work done of work done of work done) 10b. Kind of Business or during most of working life, even if retired) 10b. Kind of Business or Housewile Chambers Co., Ala. U.S.A. 13. FATHER'S NAME Henry White Sarah Ware 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. MOTHER'S MAIDEN NAME
during most of working life, even if retired) HOUSEWITE HOME Chambers Co., Ala. U.S.A. 13. FATHER'S NAME Henry White Sarah Ware 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
13. FATHER'S NAME Henry White Sarah Ware 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Henry White Sarah Ware 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
(Yes, no, or unknown) (If yes give war or dates of service)
Hudman Slaughter, Aberdeen. Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
IMMEDIATE CAUSE (a) Caroline Mirest
331 X DUE TO
gave rise to immediate (b) Cerefro Viscoles accident
cause (a), stating the DUE TO
Underlying Cause last. (c) MTTE OSC (OFF)
PERFORMED?
YES NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part or Part of Item 18.)
S OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d. tNJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Parm,
Hour a.m. While Not While at work at
21. I certify that (I) (this hospital) attended the deceased from, 19 to, 19, that (I) (we) last
saw the deceased alive Dn March 28 1966, and that death occurred at 5:2 M from the causes and on the date stated above.
On AUGUSTINE O
M.D. ATTENDING MED. STAFF 22b. DATE SIGNED DIRECTOR DIRECTOR PHYS. 3-28-66
22c. PHYSICIAN'S NAME (Type)
Cunther D. Hirsch, M.D. Havre de Grace, Maryland
22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS Have de Grace, Waryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
22d. ADDRESS 22d.
22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS Have de Grace, Waryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY b. COUNTY Harford Harford Maryland MARYLAND and 2 death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL end give necrest town) write RURAL and give nearest lown) Aberdeen Rural Aberdeen Rubal d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS IS RESIDENCE hours ON A FARM? Route Box Route YES NO X 3 NAME OF DATE M ddle DECEASED OF S. ITH TRENE D. (Type or print) 1900 DEATH March within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months May 1885 Female WIDOWED X DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Coalton, Kentucky School Teacher (Ret Schools 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Hall Mary J. Howell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal, (Yas, no, or unkown) | (Ifyas give wer or deles of service) Mary F. Mink. same as 2 c & d No 18. CAUSE OF DEATH [Enter only one cause per line (or (e), (b), end (c) INTERVAL BETWEEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ö cremation, HAMA DUE TO Conditions, if eny, which geve rise to immediate cause **DUE TO** (a), stating the underlying couse lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) CERTIFICATION PERFORMEDS NO A prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I or Part II of item 18.) WEDICAL 2Dc. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While ŏ at work at work State Dept. 21. 1 certify that (1) (this hospital) attended the deceased from 1411 1922 to O Ct 6 1964, that (1) (We) last and that death occurred at 9; QM, than the causes and on the date stated above. saw the deceased alive on .. 22b. DATE 22a. SIGNATUR ATTENDING SIGNED RHYS. death. Page 4 director, page 3 be filed with the DIRECTOR PHYS. M.D. 22d. ADDRESS-22c. PHYSICIAN'S NAME (Type) Land Aberdeen. Marv 23d. LOCATION (City, fown or county) 236. BURIAL, CREMATION, 1 236. DATE THEREOF 73c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Washington. Lincoln Cemetery 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Tarring ADD Wineral Home

Aberdeen. Marvland

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5 Pages

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burial-transit

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DIRECTOR:

PHYSICIAN:

hospital 93

be retained

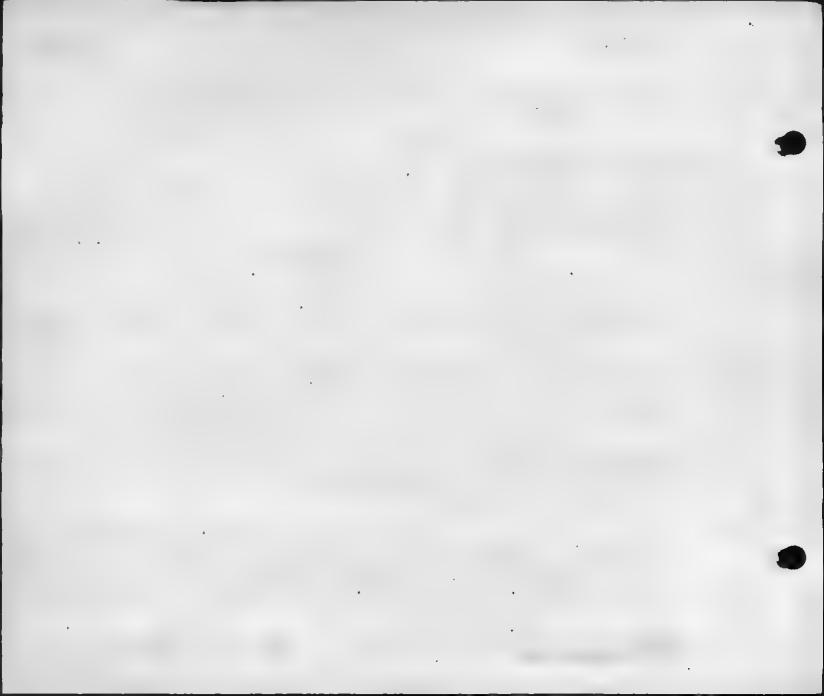
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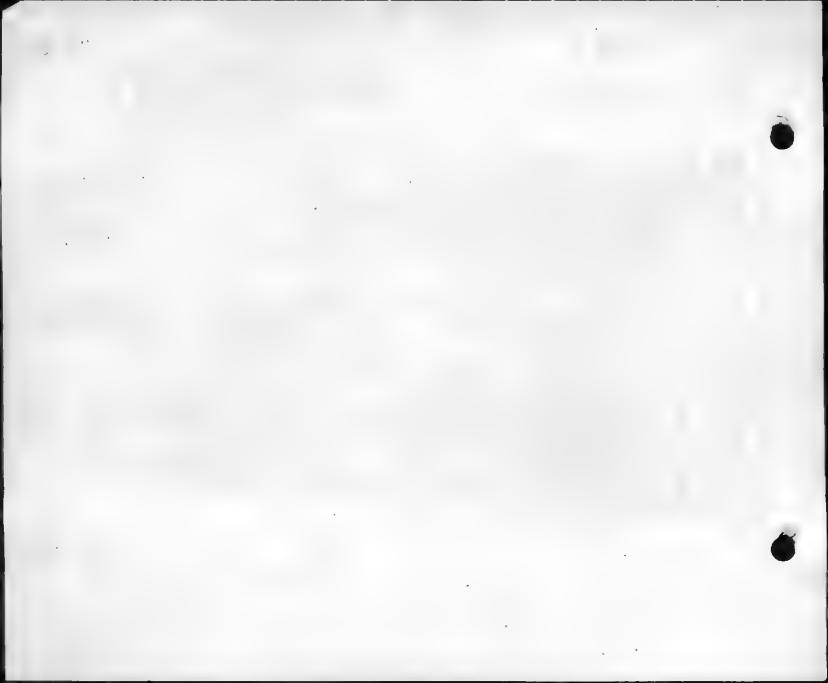
24 hours after death.
filled in by the funeral apers. Pages 1 and 2
n 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and publically filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please fagging carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVI	SION OF STATIST	ICAL RESEA	ARCH AND RECOR	DS,	301 W. PRESTOI	N STREE	T, BALTIMOI	RE 1, MARY	LAND
038	34		CERTIFICA	TE	OF DEATH			()	3824_
1. PLACE DF a. COUNTY	Peath Ford		MARYLAN			yland	b. COUN	Marfo	ord
	TOWN (If outside corpor URAL and give nearest to ingdon rus		c. LENGTH DF STAY IN instant	16	c. CITY DR TOWN (IF Magnolia	outside cor	porate limits, wri	te RURAL and g	1
d. NAME 0	F HOSPITAL OR INSTITUT •	ION (if not in he	ospital, give street addre	ss)	d. STREET ADDRESS 112 Fort H	oyle F	load		ON A FARM? YES NO 2
3. NAME DF DECEASED (Type or pr		First JOHN	Middle E.		Lest SNELLING	4. DATE OF DEATH		h 1/	4 1966
5. SEX Male	6. COLOR OR RACI	WIDOWED	NEVER MARRIED DIVORCED		Mar. 25, 19		AGE (In years last birthday)	Months Days	
cont	UPATION (Give kind of wo working life, even if reti ractor	red) 10b. Ki	IND DE BUSINESS OR VOUSTRY Lectrical		Schuylkill		, or foreign country) Pa	COUNTR U.S.	OF WHAT
1	ames Snelling				14. MOTHER'S MAID Annie B				
15. WAS DECE (Yes, no, or unk	SED EVER IN U.S. ARMED (If yes give war or date	c of covaired)	2-03-6486		nformant therine V.	Snelli	Addres		yle Rd.
PART Conditions gave rise cause (a underlying	, if any, which to immediate	3Y:	ASCUT	J.	dono	oli	0		IERVAL BETWEEN
FICATI	HER SIGNIFICANT CONDIT								PERFORMED? YES NO Z
	DENT WAS UNDERLYING I IBUTING I CAUSE OF DI R, NOTIFY MEDICAL EXAM	ATH MINER)	DESCRIBE HOW INJURY O						(04-40)
	OF INJURY Month, Day r a.m. p.m. 1		NJURY OCCURRED 20e. Not While at work	PLACE	E OF INJURY (Home, fa v, street, office bldg., e	te.)	(City or town)	(County)	(State)
Saw th	NATURE COLLEGE	spital) attende				MED. DIRECTOR [STAFF PHYS.		that (I) (we) last ate stated above.
REMOVA		15,1966	23c. NAME OF CEME Geschwindt		neral Home	Schu	ocation (city, to ylkill Ha stran 256. rl	even	(State) Pa.
	K. McComas	& Son, A	****	2	21009 DATE AN			Geneles (

VR A15 (4) 15M 4-64



1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAF	ZVI AND
FOR STATE	03835 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03825
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 1 and a b. COUNTY / b. COUNTY / /	idence before admission
사고에 보고 -	MARYLAND MICH TO	March
o the funeral e 5 may E Department	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	nd pve nearest town
Depar Ifter	d. NAME OF HOSPITAL OR/INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
delay nd 3 to Page State I State I hours a	127 N. Sloter St.	YES NO
and and In In St. 19. In St. 10.	3. NAME OF BECEASED Cryps or print) - Uts & - M. Stampers - 4. DATE M Month DF DF M 372 /2	Day Year
f any c	5. SEX 4 16 COLOR OF RACE to ANGUED THE GENERAL ANGUED THE BOATS OF BIRTH 19. AGE (IN YEARS LIFTUNDER)	YEAR IF UNDER 24 HR
est less to the second	WIDOWED DIVORCED 12/5/1899 last filthday) Months C	Days Hours Min.
24 hours after death. If any delenter 18. Give Pages 1, 2, and Office along with form PM3. File pages 1 and 2 with the S i, and in any event withing 72 ho	10e. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CIT COUNTRY COUNTRY	IZEN OF WHAT
ours afte n 18. Gi a along pages 1 in any e	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1	. d A
t hours ltem 18 ffice al ifle pag and in	madisin N. Stamper Kaura Keikarden	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknym) ((if yes pipe war or dates of service)	Ulukes
within 2 pencil in miner's O mermit. I	Julinoun Monnin llara B. Clamper Spice	INTERVAL BETWEEN
EXAMINER: This certificate should be executed within 24 hours certificate, writing the word "pending" in pencil in Item nould be forwarded to the Chief Medical Examiner's Office less. R. Page 3 should be used as a burial-transit permit. File posignated agent, prior to burial, cremation, or removal, and is	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) S A A A A A A A A A A A A	ONSET AND DEATH
id be executed "pending" in Medical Exar to burial-transit cremation, or	7 / 6 X DUE TO	
be endpendiged	Conditions, if any, which gove rise to immediate (b)	
a by c.c. d., c.c. d.	cause (a), stating the DUE TO underlying couse last. (c)	
ficate shot the word the Chi to burial		19. WAS AUTOPSY PERFORMED?
to the the treat	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	YES NO
certifing ded to prior	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I of Part II of Item 18.)	
R: This (are, wri forward 3 should	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20t. (City or town)	nty) (State)
incat incat be for		rcetta
EXAMINE the certification is should be files.	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection ∠, Inquiry ∠, death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	and in my opinio
the the share of the coro	death resulted from: Natural causes [], Accident [], Suicide [2], Homicide [], Undetermined manner [] CHIEF MEDICAL EXAMINER []	- who
MEDIC. Page 4 for your or its dor its dor	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
> 6 - 4 -	EXAMINER'S GETAIL C PAIM C Y 27 Address (Street, city, town, or county) 3-1	12-66
	23a. (BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMELERY OR CREMATORY 23d OCATION (City, Loyd) or south	nty) (State)
22022	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR AISME (5)	Jamuela Du Home de Viace Md MAR 15 1966 Jeliarles	Judge
1/03		0



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) funeral director, Page lained for your files. State Board of Health, e. COUNTY e. STATE b. COUNTY Harford Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate amils, write RURAL and give rearest town) write RURAL and give nearest town) Havre de Grace Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital g ve streat address) d. STREET AODRESS . IS RESIDENCE ON A FARM? retained he State B Harford Memorial Hospital S. Union Ave YES NO 3. NAME OF 4. DATE Month DECEASED the OF the (Type or print) DEATH 28 Arthur Tibbs 19 66 James 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5. SEX 8. DATE OF BIRTH Joe birthday) Months I Day Harm 124 HRS. шау Devs Hours WIDOWED F DIVORCED white male S 10a. USUAL OCCUPATION (G.ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page 18 7. A. dona during most of working life, even if retired) pages PM3. 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME File ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Office along w burial-transit p 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Massive spontaneous intra-cerebral hemorrhage IMMEDIATE CAUSE (a) **DUE TO** emoval, Conditions, if eny, which (b) gove rise to immediate cause (0) OUE TO (a), stating the underlying 50 Examiner pesr cause last. CERTIFICATION Word 8 PERFORMED? cremat Madical NO F plnous 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS age 3 sho to burial, PRIMARY TO OF CONTRIBUTING TO ICAL EXAMINER: CAUSE OF DEATH. Chief 20c. TIME OF INJURY 20d, INJURY OCCURRED ' 20e, PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or lown) (County) (Sinta) While Not While fectory, street, office bldg., atc.) Hour e.m. the : prior at work at work ä 20 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion please execute the certificate should be forwarded to TO FUNERAL DIRECTO or its designated agent, p death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MED CAL EXAMINER TO DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 3/29/66 **EXAMINER'S** NAME (Type) Address (Street, city, Iown op county) 220. BURIAL CREMATION | (Stote) REMOVAL (Specify) 0 240. REC D BY REGISTRAR FUNERAL DIRECTOR VS. A15MF 5M 9.60

MARYLAND STATE DEPARTMENT OF HEALTH

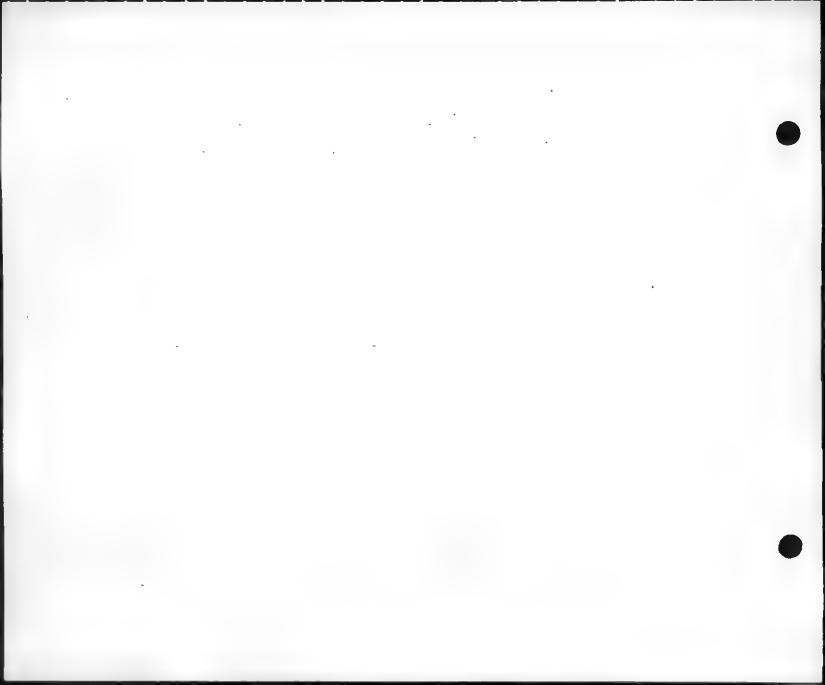


VR A15ME 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PLACE OF DEATH O COUNTY	ion)
d NAME OF MOSP TAL OR INSTITUTION (If not in baspyal, g ve street address) d STREET ADDRESS d STREET ADDRESS ON A	
() () () () () () () () () ()	
	DENCE FARM? NO
DECEASED Type or print #37 >	R 24 HRS
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13 FATHER S, NAME WIDOWED DIVORCED CPUL 22 - 1898 777 yrs 10 DIVORCED CPUL 22 - 1898 777 yrs 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 FATHER S, NAME 14 MOTHER'S MAIDEN NAME	4
Samuel Jurner Clara Lel 15 WAS DECEASED EVER NUS ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 213-20-24684. Mrs. Bessie J. Scott-Horse de Lie	299 cy 721.
INTERVAL BE ONSET AND	DEATH
PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS APPERFORM YES 20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	
20c. TIME OF INJURY Month, Doy. Year Hour o'm p.m. 19 20d INJURY OCCURRED Of work of w	(Stote)
21. I certify that I taak charge of the remains described above, held on Autopsy , Inspect on , Inquiry , and in my death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner . ACTUAL SIGNATURE CERAMINER	opinion SIGNED
REMOVAL (Some Fu)	etote).



14.

TO MOSFITAL OR ATTENDING PHYSILIAN: The lam requires that the duath certificate be emcuted mitlin 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remote should be detached for use as the burial transit permit. Then please remote should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

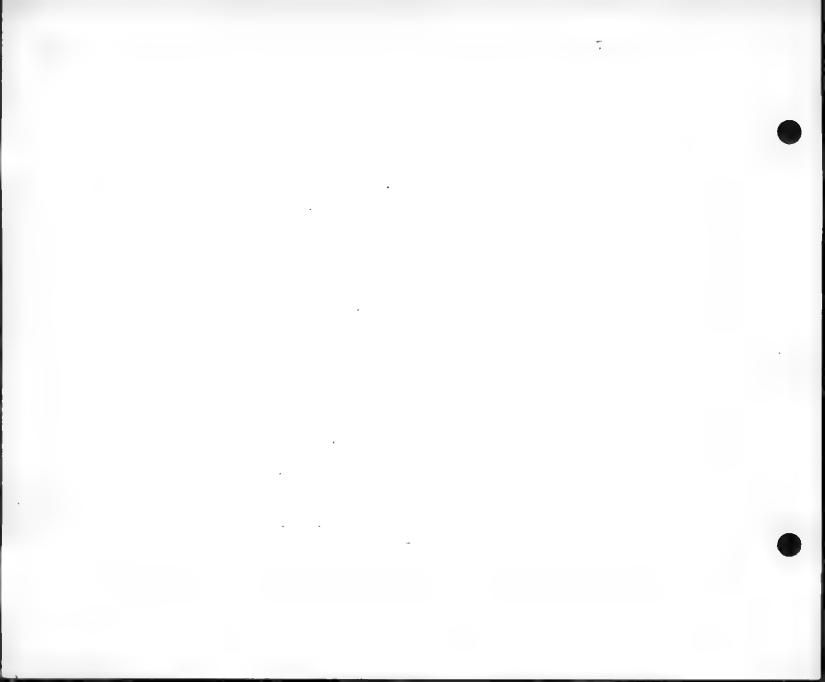
	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
03238	CERTIFICATE OF DEATH	032

	2383	8		CERTIFICA	TE OF	DEATH			03828
1.	PLACE OF DEATH	1	0				re deceased lived, If inst		idence before edmission)
	a. 000it11	acto	rd	MARYLAND	a. ST	MENDA	b. COUN	Has	stard -
1	b. CITY OR TOW.	N (If outside cor and give neares	porate limits,	c. LENGTH OF STAY IN 1	b c. CITY-0	R TOWN (If outside	corporate limits, wri		
	Taure.	del	-cace.	days	5 /-	berde	en		12-1
1	d. NAME OF HDS	SPITAL OR INSTIT	rution (if not in hos	pital, give street addies	is) d. STREE	ADDRESS	- (e. IS RESIDENCE ON A FARM?
	lactor	9 11/6	moria			0 100	X 2 6		YES ND X
3.	NAME OF OECEASED (Type or print)	C	First	Middle	(1)	D	ATE Month	2	Day Year
5.	SEX	6. COLOR DR R	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF	- CA	9. AGE (In years		YEAR IF UNDER 24 HRS.
	N	(0)	WIDOWED	DIVORCED	May 2	0, 1909	last birthday) 56	Months Da	ays Hours Min.
10a dui	. USUAL DCCUPAT	IDN (Give kind of Ing life, even if r	work done 10b. KIN	D OF BUSINESS OR	11, BIRT	HPLACE (County &	State, or foreign country)	12. CITI	ZEN OF WHAT
	Boiler	Firema		. Gov't		ma			115H
13	FATHER'S NAM	E	1,1	11 -	14. MOTI	IER'S MAIDEN NAM	IE I . 1	0	in
15	. WAS DECEASED E	CYCO CO C		101 m 5	7. INFORMANT	Nad	ie lla	CTIE	210/
(Y	s, no, or unkown)	(If yes give war or d	dates of service)				Addres	,	
	NO CAUCE OF I	DEATH FERTON OF		7-10-3610	Wife	same	as 2 c &		INTERVAL DETRICEN
		TOTAL WAR CALLOT	D DV 1/1	e for (a), (b), and (c).]	CALL	-0 11	D 13 1		ONSET AND DEATH
		IMMEDIATE CA	-5	ant Neoplasmo	of Kt. Lun	a.c lessible	Drain Metas	tases_	
	Conditions, If	any, which \	DUE TO						
	gave rise to cause (a), st		(b)						
	underlying caus		(c)						
CERTIFICATION	PART II. DTHER'S	IGNIFICANTCON	DITIONS CONTRIBUTI	ING TO DEATH BUT NOT R	ELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN IN F	'ART1(a)	19. WAS AUTDPSY PERFORMED?
IFIC	202 ACCIDENT	WAS UNDERLYIN	IC TI 20h DE	SCRIBE HOW INJURY OF	CIIDDEN (Ente	r nature of Inhury	In Part I or Part II of	Hom 18 \	YES ND KK
CERT	OR CONTRIBUTI	NG CAUSE DE	DEATH	SURIDE HOW HISTORY OF	JORRED. (EIIC	i naturo di injury	at rait I of rait II of	item 10)	
MEDICAL		INJURY Month,			LACE OF INJUI		Of. (City or town)	(Count	y) (State)
MED	Hour a.n		19 While at work	וריין אוווען זאנו ווין איז אווין ווין איז אווין וויין	c (or y, acree c, or	ilco biug., etc.)			_
	21. I certif	y that (I) (this	hospital) attended	the deceased from_	5/24	19 5 5	to 3/2/	1966	that (I) (we) last
		ceased alive or	3/2/	19 66, and t	hat death occ	urred at 52N	I, from the causes a		
	22a. SIGNATUR	Homas	5.84	aloren.	M.D. PHYS.	ING MED.	OR PHYS.	22b. DAT	E SIGNED
	22c. PHYSICIA NAME (TV		73 7304	T,		DORESS	× - +1113.		
		Teur	SCT. St	ansbury	5691	Revolution.	St. Harrede	(Trace	, Md.
238	REMOVAL (Spe	ATION, 23b. D	//	23c. NAME OF CEMETI			LOCATION (City, to	wn or count	ty) (State)
24	Bur 1a.	1 25	Mar 66	Union A.M		metery.		cerde	
7	160alis 11	In Day	///	ng Affilieral		MAR 28		ionle	A
L	www. u	The Control of	- Aber	deen. Mary	Land	DESTRUCT A O	1000		4

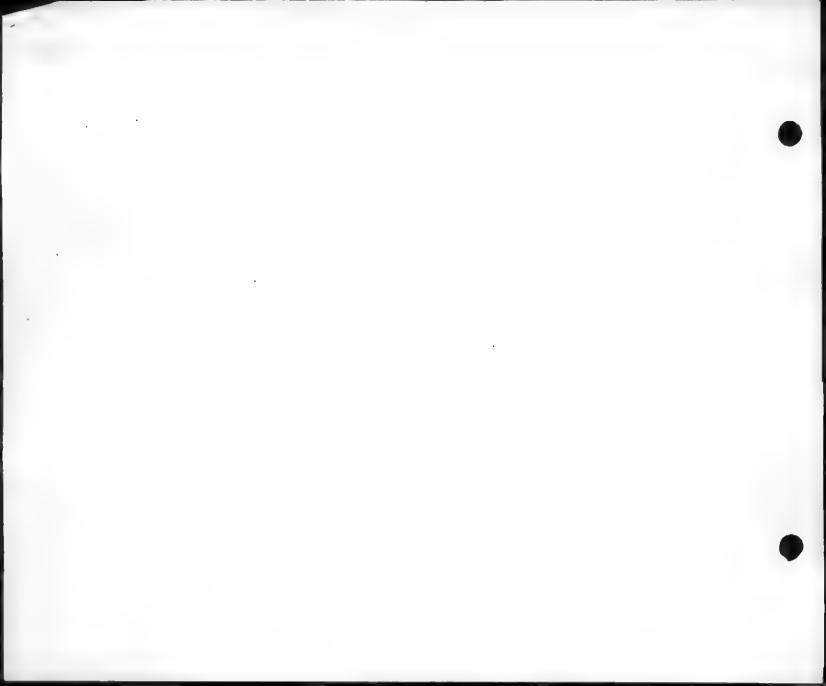
VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY b. COUNTY Maryland Page Harford Harford delay is death. MARYLAND Department b CTY OR TOWN (If outside corporate limits write RURAL and give nearest town) c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 P.M3. Havre de Grace Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS e State De 72 hours 103 S. Stokes Street YES NO X 8. Give Pages be executed within 24 haurs after death alang with 3 NAME OF Middie 4. DATE First LOST Dov DECEASED OF the the WEAVER within THOMAS 66 R. March 19 (Type or print) DEATH with 1 S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) 53 yrs DIVORCED Male White WIDOWED ward "pending" in pencil n Item 13 the Chief Medical Examiner's Office 10o, USUAL OCCUPATION (Give kind of work done 11 BIRTIPLACE (State or foreign country) Ob KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of work no lite, even it retired) INDUSTRY COUNTRY? page in o 13 FATHER/STNAME MOTHER SMAIDEN NAME File 193 S. 12 Bes 12. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service removal 18. CAUSE OF DEATH (Enter on y one cause per the for (a), (b) and (c)) INTERVAL BETWEEN burial-trans t ONSET AND DEATH PART I, DEATH WAS CAUSED BY Exposure to cold ĮĐ IMMEDIATE CAUSE (o) This certificate should used as a burial-tr burial, crematian, acute ethylism DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), ecute the certificate, writing the Page 4 shauld be farwarded ta DUE TO stoting the underlying couse lost PART I OTHER SIGNAF (ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICOL 19 WAS AUTOPSY PERFORMED? CERTIF CATION please execute the certificate, YES SE NO Arteriosclerotic cardiovascular disease its designated agent, priar ta 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port I or Port II of tem 18) files. 3 shauld PRIMARY ISS or CONTRIBUTING Exposure to cold while under the influence of alcohol MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20e PLACE OF NJURY (Home, form, 20d NJURY OCCURRED (City or town) ((ounty) 20c TIME OF INJURY Month, Doy, Year (Stote) Beside road Not While at work FUNERAL DIRECTOR: Page While 66 of work Havre de Grace, Harford, Md. 21. I certify that I took charge of the remains described above, held an Autopsy (3), Inspection , Inquiry and in my apinian the funeral director. death resulted from: Suicide . Hamicide [Natural causes Accident 3c Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 🔀 SIGNATURE O DEPUTY 3-2-66 Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) Breitenecker, M.D. BURIA DCREMATION. 23d LOCATION (City or Town) 23b DATE THEREOF (Stote) (County) 0 REMOVAL (Specify) 2So REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 'orley VR A15ME (5) 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN HEALTH PLACE OF DEATH USUAL RESIDENCE (Where deceosed ved, finstitution Residence before admission) o. COUNTY 3 to Page **b** COUNTY of death. delay MARYLAND Deportment b CITY OR TOWN (If outside corporate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town and write RURAL and give negrest town after BCX 36 (If not in hospital, a ve street address) d STREET ADDRESS IS RESIDENCE ON A FARM? hours form Item 18. Give Pages 1, the Stote NO 🔀 YES ofter death. Office olang with NAME OF DATE Month Doy Year DECEASED OF DEATH within (Type or print) with SEX 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS **NEVER MARRIED** IF LINDER YFAR lost birthdoy) Months Dovs Hours White Male WIDOWED DIVORCED 0 event puo 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refired) INDUSTRY COUNTRY? certificate should be executed within 24 ⊆ Salesman retired Insurance Street. Maryland 4 should be forwarded to the Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Webster Henrietta Adv Z O 15 WAS DECEASED EVER IN .. S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT RD Box permit. (Yes, no, or unknown) (If yes give war or dotes of service) removol. 2-10-4013 Madeline Mrs. Webster Bel 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH JO IMMEDIATE CAUSE (o) writing the word cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o). DUE TO stoting the underlying couse 0 buriol, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY FICATION PERFORMED? pleose execute the certificate, 2 YES NO 20o EXTERNA, CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of inury in Port Lor Port Lof tem 1B) PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stote) Hour om foctory, street, office bldg, etc.) Wh e Not While Poge 19 ot work ot work 21. I certify that I took charge of the remains described above, held an Autapsy [Inqu'ry and n my apinian the funeral director death resulted from: Natural couses X Accident may be retaned Suicide Undetermined manner CHIEF MED CAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) (4 Address (Street, city, town, or county) BUR AL CREMATION. 23b NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 966 Street. Emory Maryland 24. FUNERAL DIRECTOR 2So REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 1966 6M 1/66

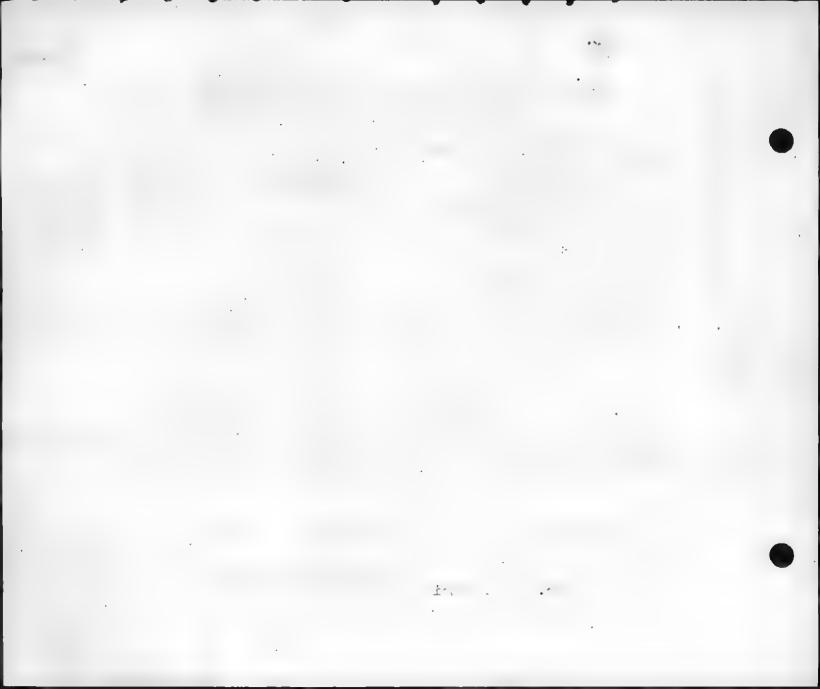


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciam and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, amove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it, any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	CERTIFICATE CERTIFICATE	E OF DEATH	03631
1,	PLACE OF DEATH a. COUNTY:	2. USUAL RESIDENCE (Where deceased lived, if institution: Real a. STATE	esidence before admission)
	HACTOR MARYLAND	IVIA C	ecil
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give pearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street, eddress;	d. STREET ADDRESS	e. IS RESIDENCE
Н	and a col Missing of the first in nospital, give street educess	(0)	ON A FARM?
] 3.	NAME OF FIRST Middle	Last 4. DATE Month	Day Year
	OECEASEO (Type or print)	1) hint DEATH MACCH	31 1966
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO		Days Hours Min.
L	emale White WIOOWED DIVORCED	J-2/7 2/, 1750 40 yrs.	
	a. USUAL OCCUPATION (Give kind of work done lob. KINO OF BUSINESS OR ring most of working life, even if retired) INDUSTRY		TIZEN OF WHAT
13	+ for sevife	Fulton I was I dire Cole L.	SH
1.3.	Clarine Marker	Mattie Files have	سر م
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	1.
(Y)	(es, no, or unknown) (If yes give war or dates of service)	my John Ragan Emoure	1211 - 174
	18. CAUSE OF OEATH [Enter only one cause par line for (a), (b), and (c).] -	01 1 1	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e la remostrage.	ONSET AND DEATH
	DUE TO	•	
	Conditions, if any, which gave rise to immediate (b)		
	cause (a), stating the DUE TO		
¥0	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	119. WAS AUTOPSY
CERTIFICATION	STATE OF THE STATE	are to the remarks along a succession are remarks.	PERFORMEO?
TIFI	20a, ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	l dead	ACE OF INJURY (Home, farm, 20f. (City or town) (Coutory, street, office bldg., etc.)	nty) (State)
MEC	Hour a.m. 19 While Not While p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) last
	saw the deceased alive on 3 1966, and the	at death occurred at M, from the causes and on the	TE SIGNEO
	MANNAN	D. ATTENDING MEO. STAFF DIRECTOR PHYS.	2 . 1000
	22c. PHYSICIAN'S NAME (Type)	22d. AODRESS	/
_	Dr. Lajos Mezei	Have de more	7,
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or cou	inty) Z (State)
24	4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
	1 land and in + In A23 . I'W Cont	APR 4 1966 Scharle	Judge.
_	1 miles	A TOOL I	()—()———

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03842 CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove curbon papers. Pages 1 and should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in all every, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

VR A15 (4)

	0384	2		CERTII	FICATE	OF DEATH		,		()	38	32
1.	PLACE OF DEATH o. COUNTY Harf	ord.		MAR	YLAND	2. USUAL RESIDENCE (V	Where deceo	sed lived, if institu b. COL	District.	nce befor		on)
	. CITY OR TOWN (If outside corporate limit	\$,	C. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If ou	itside carpar	ate limits, write RL	JRAL and giv	re neares	t town)	
	Edgewood	give nearest town)		5 Month	S	Edgewood				12	12-1	
Star le	A Disper	al or institution (if not a sary	at in haspital, g	ive street address)		d. STREET ADDRESS 2036 Battle St.					e. IS RESIDENCE ON A FARM? YES NO A	
	NAME OF DECEASED (Type or print)	Step	rst non	Middle Bigg S	W	lost illiams	4. DATE OF DEATH	Marc Marc		Day 12		ar 66
5.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	TAN I	B. DATE OF BIRTH	1	9. AGE (In years	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.
1	lale	Negroid	MIDOMED	DIVORCE	D 🔲	8 Feb 62		Tigal pirtuggy)	INOUIII2	Days	FIGUES	DYTU1.
10a duri	ng most of working	l (Give kind of wark done life, even if retired)		ND OF BUSINESS OR DUSTRY	A	Harford,				TIZEN OF DUNTRY?		A
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I						
	Duffy W	Tilliams				Eva Bi	ggs					
IS. (Ye	was deceased even s, no or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	N/A		nformant ather 20	36 Ba	ttle St,		wood	, Md	
	Conditions, if any rise to immediat stating the under	rlying cause DUE	(o) Asp 10 Epi 10 (d)	lepsy						3	Yea:	rs
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING 1	O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CON	NDITION GIV	EN IN PART 1(o)			WAS AUTO PERFORM ES XX	NO [
CERTIFICATION												
MEDICAL	20c. TIME OF INJ Hour o.	10	20d. IN While at work			CE OF INJURY (Home, farm ory, street, affice bldg., etc.)		(City or town)		ounty)		(State)
	21. 1 certify that (1) (this hospital) attended the deceased fram 12 Mar , 1966, to 12 Mar , 1966, that (1) (we) loss saw the deceased alive on DOA 12 Mar 1966, and that death accurred at 945AM, from causes and on the date stated above											
	220, SIGNATURE ACTION OF WARD MED. STAFF 226. DATE SIGNED 12 March 66.											
	22c. PHYSICIAN'S NAME (Type	HENRY N.	WAGNER	-		USA Dispe	ensary	, Edgewo	od Ar	sena	1, M	d.
230	BURIAL, CREMATION REMOVAL (Specify		ereof 5-66	23c. NAME OF CEN		m. 6. em.	. Ides	ocation (city or to	ecy.	(County	ford	State)
24	FUNERAL DIRECTO	M. Frank	Bulls	ADDRESS 3	1 de	Exam That A	BY REGIST	1966 25b. R	Climel		RE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() 300

1	03030	CERTIFICATE	UF DEATH		110833
	1. PLACE OF BEATH HAR FO	ond. MARYLAND	2. USUAL RESIDENCE (Where dece a. STATE	b. COUNTY	sidence before admission)
	b, CITY OR TOWN (if outside corporate lim	e, 4days.	c. CITY DR TOWN (If outside corp.)	prate limits, write RURAL a	and give nearest town)
	g. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS	d ST.	9. IS RESIDENCE ON A FARM? YES NO
I	3. NAME DF DECEASED (Type or print) First	Middle	Last 4. DATE OF DEATH	Month 3	Day Year 9 1966
	Mala Massa	IARRIED NEVER MARRIED 8	DATE OF BIRTH 19.	17/1	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BERTHPLACE (County & State, o	or foreign country) 12. CIT	IZEN OF WHAT
	13. FATHER'S NAME	Mick.	14. MOTHER'S MAIDEN NAME	ildon	317.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) (If yes give war or dates of service)	ce) 00 b 2 0 4 = 200	INFORMANT W. Roxie W. a.	Address 805	astegr per,
	18. CAUSE OF BEATH (Enter only one caused by: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per line for (a), (b), and (c).	Hemmon has	0	INTERVAL BETWEEN ONSET AND DEATH
ı	Conditions, if any, which (b)			J	
I	gave rise to immediate cause (a), stating the underlying cause last.				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELAT	FED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
		20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of Injury in Par	t I or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19		E OF INJURY (Home, farm, y, street, office bldg., etc.)	City or town) (Coun	ty) (State)
ı	21. I certify that (I) (this hospital) saw the deceased alive on.		death occurred at 950M, from	3-9, 19 4	that (I) (we) last date stated above.
I	220 SIGNATURE Orman	Serger M.D.	ATTENDING MED.	STAFF 22b. DA	ISIGNED
		en Berger	40 9 Union a	be Havrede	Green M'
	23a. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify)	66 Union meth	isduit Com. after	ATION (City, town or coun	rd. C. nd.
,	Oteles & Bullo	k, Hane de Gue	y md. DAMAR 14 19	166 Scharle	Judge
		é	1078		0

